



Company Overview The Onvansertib Opportunity

OCTOBER 2024

Forward-looking statements

CERTAIN STATEMENTS IN THIS PRESENTATION ARE

FORWARD-LOOKING within the meaning of the Private Securities Litigation Reform Act of 1995. These statements may be identified by the use of words such as "anticipate," "believe," "forecast," "estimated" and "intend" or other similar terms or expressions that concern our expectations, strategy, plans or intentions. These forward-looking statements are based on our current expectations and actual results could differ materially. There are several factors that could cause actual events to differ materially from those indicated by such forward-looking statements. These factors include, but are not limited to, clinical trials involve a lengthy and expensive process with an uncertain outcome, and results of earlier studies and trials may not be predictive of future trial results; our clinical trials may be suspended or discontinued due to unexpected side effects or other safety risks that could preclude approval of our product candidate; results of preclinical studies or clinical trials for our product candidate could be unfavorable or delayed; our need for additional financing; risks related to business interruptions, including the outbreak of COVID-19 coronavirus and cyber-attacks on our information technology infrastructure, which could seriously harm our financial condition and increase our costs and expenses; uncertainties of government or third party payer reimbursement; dependence on key personnel; limited experience in marketing and sales; substantial competition; uncertainties of patent protection and litigation;

dependence upon third parties; and risks related to failure to obtain FDA clearances or approvals and noncompliance with FDA regulations. There are no guarantees that our product candidate will be utilized or prove to be commercially successful. Additionally, there are no guarantees that future clinical trials will be completed or successful or that our product candidate will receive regulatory approval for any indication or prove to be commercially successful. Investors should read the risk factors set forth in our Form 10-K for the year ended December 31, 2023, and other periodic reports filed with the Securities and Exchange Commission. While the list of factors presented here is considered representative, no such list should be considered to be a complete statement of all potential risks and uncertainties. Unlisted factors may present significant additional obstacles to the realization of forward-looking statements. Forward-looking statements included herein are made as of the date hereof, and we do not undertake any obligation to update publicly such statements to reflect subsequent events or circumstances.

Cardiff Oncology: Positioned to improve 1st line RAS-mut mCRC treatment

First-in-Class PLK1 inhibitor	Robust clinical data in 2L KRAS-mut mCRC	FDA	Pfizer
<ul style="list-style-type: none">• Onvansertib: first well-tolerated PLK1-selective inhibitor• PLK1 inhibition disrupts tumor growth several ways	<p>Ph 1b/2 data</p> <ul style="list-style-type: none">• 73% response rate vs ~25% in SoC• 15 month progression free survival vs ~8 month in SoC <p>ONSEMBLE validates strong data signal</p>	<ul style="list-style-type: none">• FDA-agreed path to 1st line RAS-mut mCRC accelerated approval	<ul style="list-style-type: none">• Pfizer is equity investor and has seat on SAB• Pfizer provides clinical execution of 1st line trial

We expect clinical data from our 1st line RAS-mutated mCRC trial in H2 2024
Runway with current cash extends through the end of Q3 2025

Onvansertib combines powerfully with bevacizumab to inhibit tumor growth

Human metastatic colorectal cancer (mCRC) tumors grown in mice (KRAS G12V)

The combination of onvansertib and bevacizumab shows dramatically reduced tumor size and vascularization



 Cardiff Oncology™

* SW620 KRAS-G12V mCRC xenograft models were treated with control (vehicle), onvansertib, bevacizumab or the combination of onvansertib and bev. 8-9mice / group. Tumors were removed and photographed at the end of the study. Representative photographs from three mice from each group are shown.

Onvansertib targets large patient populations with unmet need

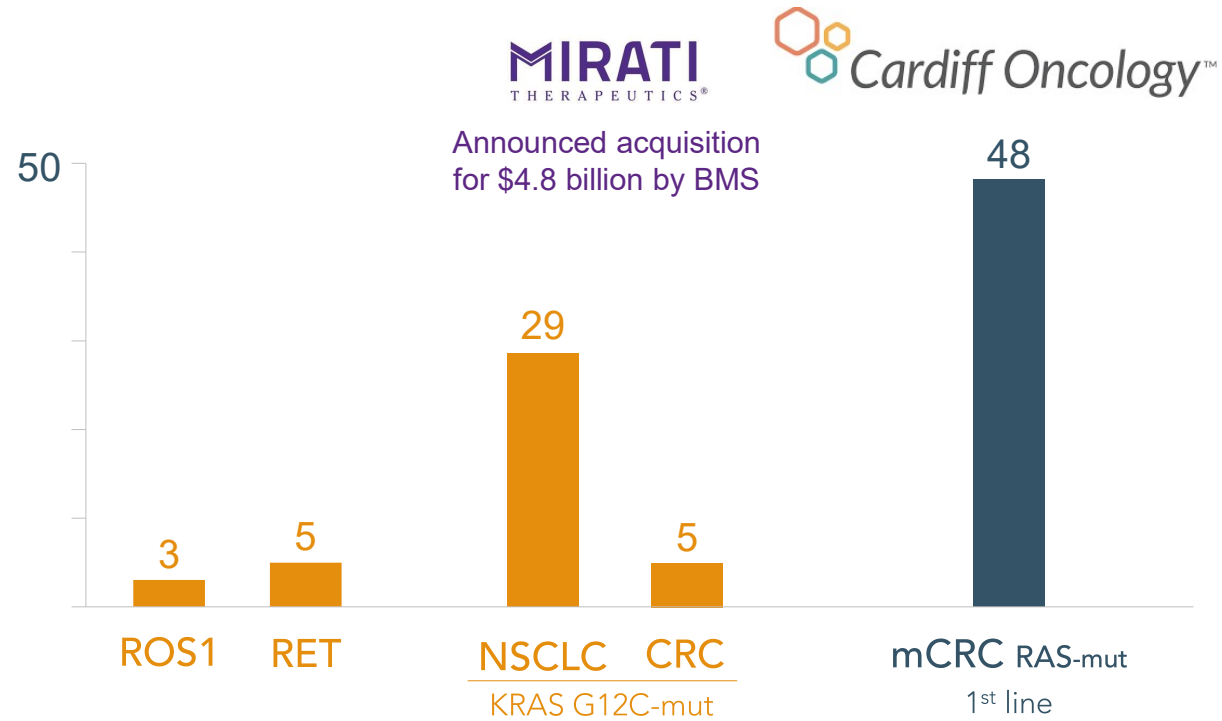
Targets with oncogenic alterations

ROS1
RET
KRAS G12C
EGFR
TRK

Targets without oncogenic alterations

PLK1
PARP
CDK4/6
PD1/PDL1
VEGF










Annual eligible U.S. patients ('000s)*



* ROS1 estimated eligible patients presented in Turning Point Therapeutics' corporate presentation May 2022 slide 6 (NSCLC disease incidence in the US of 140k of which 2% of patients harbor ROS1 translocation). RET estimated eligible patients presented in Loxo Oncology's corporate presentation January 2018 disclosed on Form 8-K (Jan 8, 2018).

KRAS G12C estimated eligible patients includes patient numbers from SEER website and G12C percentage from Mirati's corporate presentation. BMS announced its intention to acquire MRTX for \$4.8B equity value on 10/8/2023. mCRC estimated population includes 1st line, KRAS- and NRAS-mutated cancers.

Our pipeline opens many attractive opportunities for onvansertib

	Line of Therapy	Trial	IIT*	Ph2	Ph3	Combination with:
mCRC (RAS-mut)	1 st line	CRDF-004 (w/Pfizer)		 <i>randomized</i>		FOLFIRI/bev and FOLFOX/bev
	2 nd line	Ph 1b/2		 <i>completed</i>		FOLFIRI/bev
	2 nd line	CRDF-003 (ONSEMBLE)		 <i>randomized</i>		FOLFIRI/bev
mPDAC	1 st line	Ph 2	IIT	 <i>planned</i>		NALIRIFOX
	2 nd line	Ph 2		 <i>completed</i>		Nal-IRI/leucovorin/ 5-FU
SCLC	2 nd line	Ph 2		 <i>completed</i>		None (monotherapy)
TNBC	2 nd line	Ph 2				Paclitaxel

* For investigator-initiated trials (IITs) only, the investigator's institution is provided. The planned first-line mPDAC trial will be conducted by an investigator to be named.
mPDAC = metastatic pancreatic ductal adenocarcinoma; SCLC = small-cell lung cancer; TNBC = triple-negative breast cancer; bev= bevacizumab



Fighting mCRC through PLK1 inhibition

Robust data in lead mCRC program

Path forward to accelerated approval

Onvansertib specifically targets PLK1, a well-established cancer target

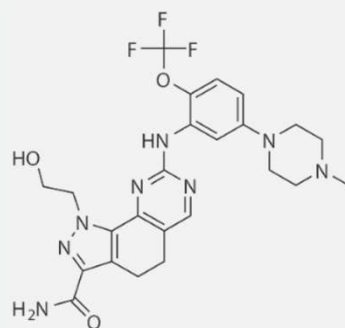
Onvansertib

First oral, well-tolerated
PLK1-selective inhibitor



PROPERTIES

- Small molecule
- Oral dosing
- 24-hour half-life



SPECIFICITY

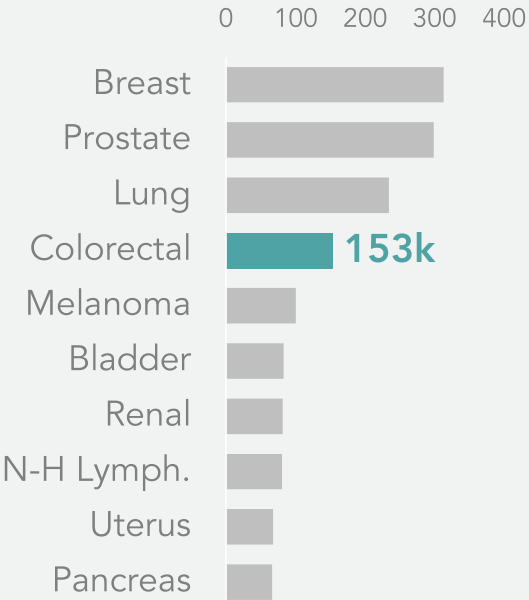
Exquisitely specific for PLK1

ENZYME	IC ₅₀ (μM)
PLK1	0.002
PLK2	>10
PLK3	>10
CK2	0.4
FLT3	0.4
CDK1/CycB	>10
42 other kinases and >140 in the Millipore panel	>10

Our lead program targets RAS-mutated metastatic colorectal cancer

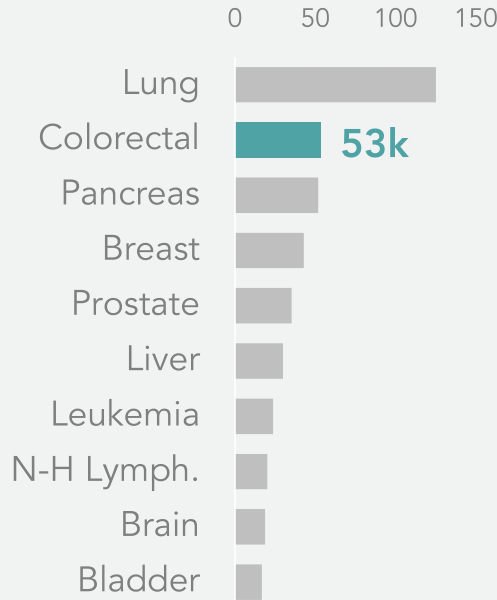
mCRC is BOTH common...

2023 new US cases ('000s)*



...and challenging to treat

2023 US deaths ('000s)*



* American Cancer Society Cancer Facts and Figures 2024.

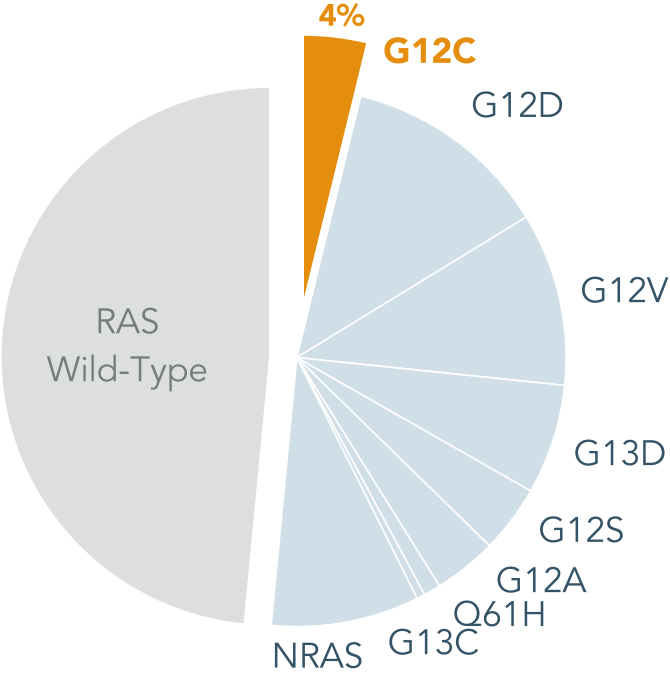
mCRC standard of care leaves a significant unmet need

Standard of Care for 1st / 2nd line RAS-mutated mCRC includes chemo + bevacizumab

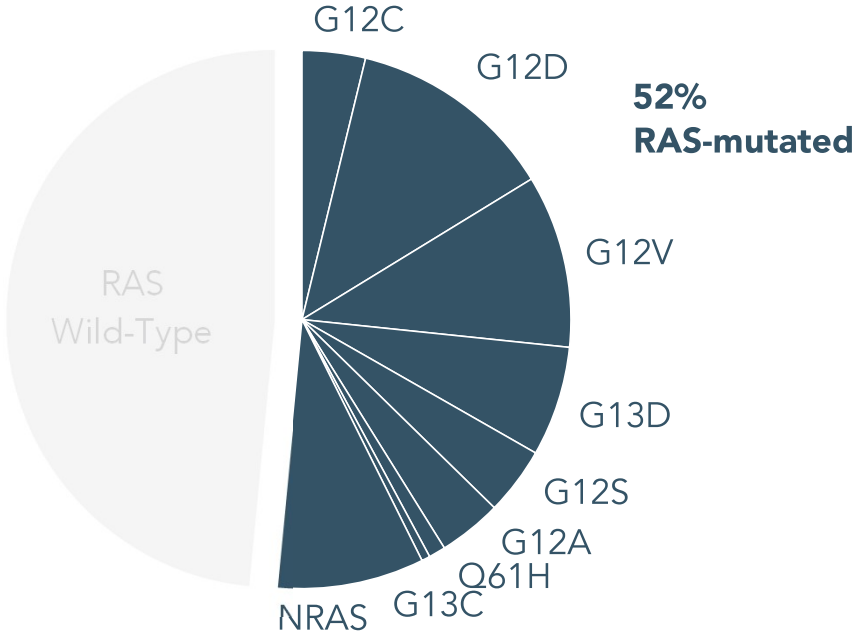
Chemotherapy	FOLFOX (approved 1996) FOLFIRI (approved 2002)
+ / -	
Antiangiogenic	Bevacizumab (Avastin®) (approved 2004)
Targeted therapy	None

Other mCRC development programs leave a significant unmet need

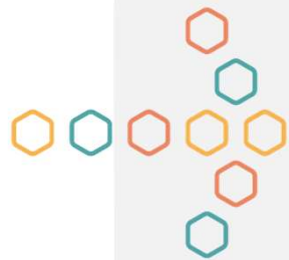
KRAS G12C therapies would address a small part of the need¹



Onvansertib is targeting all RAS-mutated mCRC¹



1. Jones R et al. Br J Cancer. 2017 Mar 28;116(7):923-929



Fighting mCRC through PLK1 inhibition

Robust data in lead mCRC program

Path forward to accelerated approval

Our mCRC journey of discovery led us from second-line to first-line

FIRST LINE

CRDF-004

ENROLLING

RAS-mutated mCRC
90 patients,
randomized,
3 arms (2 doses +
control),
Pfizer Ignite

SECOND LINE

Ph 1b/2
(TROV-054)

COMPLETED

KRAS-mutated mCRC
66 evaluable patients,
single arm

CRDF-003



DISCONTINUED

RAS-mutated mCRC
23 patients*,
randomized,
blinded,
3 arms (2 doses +
control)

* ONSEMBLE enrolled 23 patients, and 2 patients were not evaluable for efficacy because one withdrew consent prior to their first dose and one withdrew consent before their first post-baseline scan. Both patients were “bev exposed” and randomized to the control arm.

Our mCRC journey of discovery led us from second-line to first-line

FIRST LINE

Provided initial signal of efficacy in second-line KRAS-mutated mCRC

CRDF-004

ENROLLING

RAS-mutated mCRC
90 patients, randomized, 3 arms (2 doses + control)
Pfizer Ignite

SECOND LINE

Ph 1b/2
(TROV-054)
COMPLETED

KRAS-mutated mCRC
66 evaluable patients, single arm

CRDF-003

 **ONSEMBLE**
mCRC Clinical Trial

DISCONTINUED

RAS-mutated mCRC
23 patients*, randomized, blinded, 3 arms (2 doses + control)

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Our mCRC journey of discovery led us from second-line to first-line

FIRST LINE

Randomized second-line trial designed to show onvansertib's contribution to SoC that was discontinued

CRDF-004


ENROLLING

RAS-mutated mCRC
90 patients, randomized, 3 arms (2 doses + control)
Pfizer Ignite

SECOND LINE

Ph 1b/2
(TROV-054)
COMPLETED

KRAS-mutated mCRC
66 evaluable patients, single arm

CRDF-003

DISCONTINUED

RAS-mutated mCRC
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Our mCRC journey of discovery led us from second-line to first-line

FIRST LINE

Shift to 1st-line setting based on:

1. Phase 1b/2 clinical data
2. New mechanism of action
3. FDA recommendation
4. ONSEMBLE validation

CRDF-004

ENROLLING

RAS-mutated mCRC
90 patients,
randomized,
3 arms (2 doses +
control)
Pfizer Ignite

SECOND LINE

Ph 1b/2 (TROV-054)

COMPLETED

KRAS-mutated mCRC
66 evaluable patients,
single arm

CRDF-003



DISCONTINUED

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Our mCRC journey of discovery led us from second-line to first-line

FIRST LINE

CRDF-004

ENROLLING

RAS-mutated mCRC
90 patients,
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3 arms (2 doses +
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Pfizer Ignite

SECOND LINE

Ph 1b/2
(TROV-054)

COMPLETED

KRAS-mutated mCRC
66 evaluable patients,
single arm

CRDF-003



DISCONTINUED

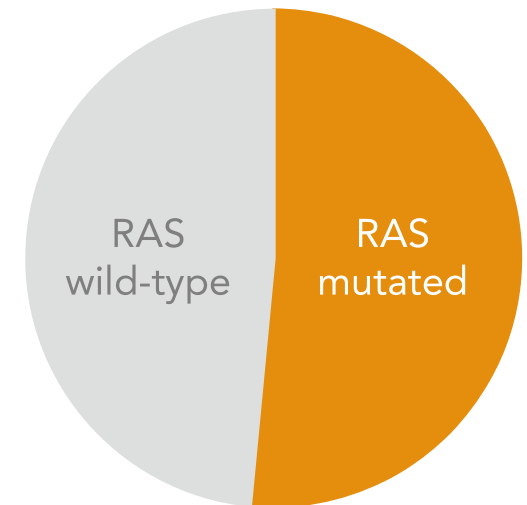
RAS-mutated mCRC
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3 arms (2 doses +
control)

* ONSEMBLE enrolled 23 patients, and 2 patients were not evaluable because one withdrew consent prior to their first dose and one withdrew consent before their first post-baseline scan. Both patients were “bev exposed” and randomized to the control arm.

Our focus is RAS-mutated tumors where there are no targeted therapies

RAS Wild-Type	1 st LINE	2 nd LINE
Standard*	Chemo +/- bevacizumab	Chemo +/- bevacizumab
Targeted	+/- EGFR inhibitor	NONE
RAS Mutated		
Standard*	Chemo +/- bevacizumab	Chemo +/- bevacizumab
Targeted	NONE	NONE

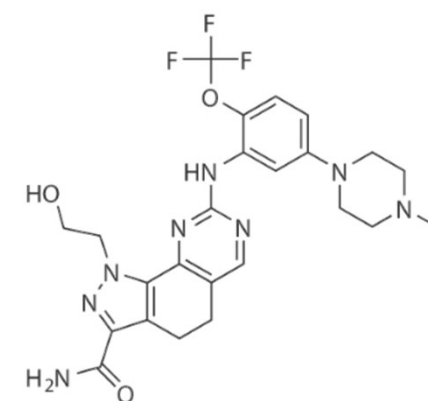
RAS-mut mCRC is approx. half the mCRC population¹



* FOLFOX and FOLFIRI are interchangeable as SoC chemo for 1st and 2nd line.
 1. Jones R et al. Br J Cancer. 2017 Mar 28;116(7):923-929

Our Ph1b/2 trial added onvansertib to SoC in the 2nd line setting

RAS Wild-Type	1 st LINE	2 nd LINE
Standard	Chemo +/- bevacizumab	Chemo +/- bevacizumab
Targeted	+/- EGFR inhibitor	NONE
RAS Mutated		
Standard	FOLFOX +/- bevacizumab	FOLFIRI +/- bevacizumab
Targeted	NONE	ONVANSERTIB



◀ Our trial explored adding onvansertib to FOLFIRI + bev (SoC)

Our Ph1b/2 trial combined onvansertib with the current SoC in 2nd line

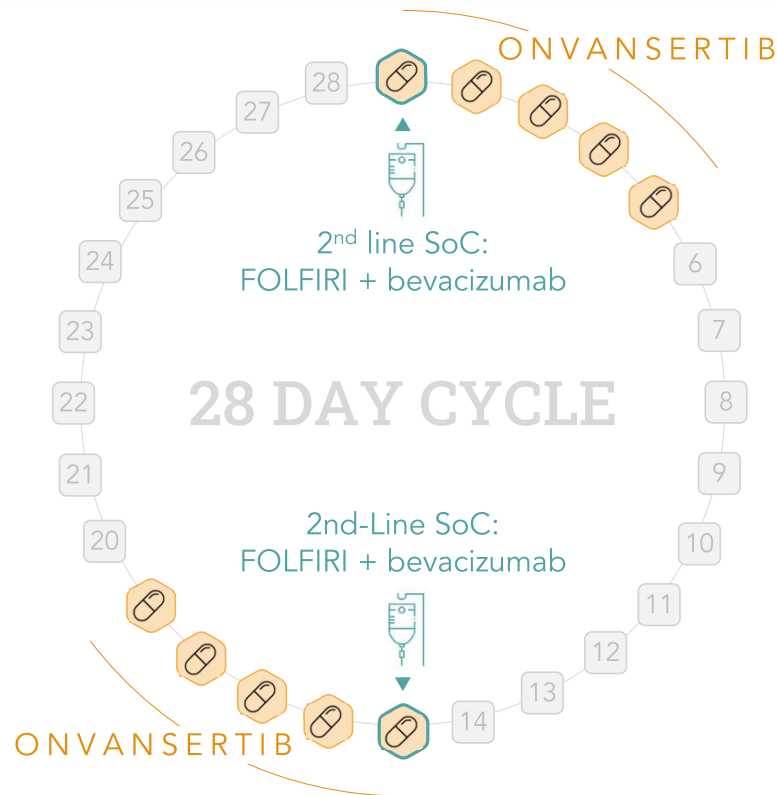
ENROLLMENT CRITERIA

2nd line mCRC

KRAS-mut

Unresectable

N=68 (66 evaluable)



EFFICACY ENDPOINTS

- 1** Primary:
Objective Response Rate (ORR)
per RECIST v1.1 in patients who
receive ≥ 1 cycle of treatment
- 2** Secondary:
Progression-Free Survival (PFS)
and Duration of Response (DoR)
- 3** Exploratory:
decrease in KRAS-mutational
burden and response to
treatment

Ph 1b/2 trial patients may or may not have received bev in 1st line

Bev exposed vs bev naïve patients

“Bev naïve” patients who did not receive prior bev in 1st line

or

“Bev exposed” patients who received bev in 1st line

1st LINE

FOLFOX

23% (15 of 66)

FOLFOX +
bevacizumab

77% (51 of 66)

2nd LINE

FOLFIRI +

bevacizumab

+

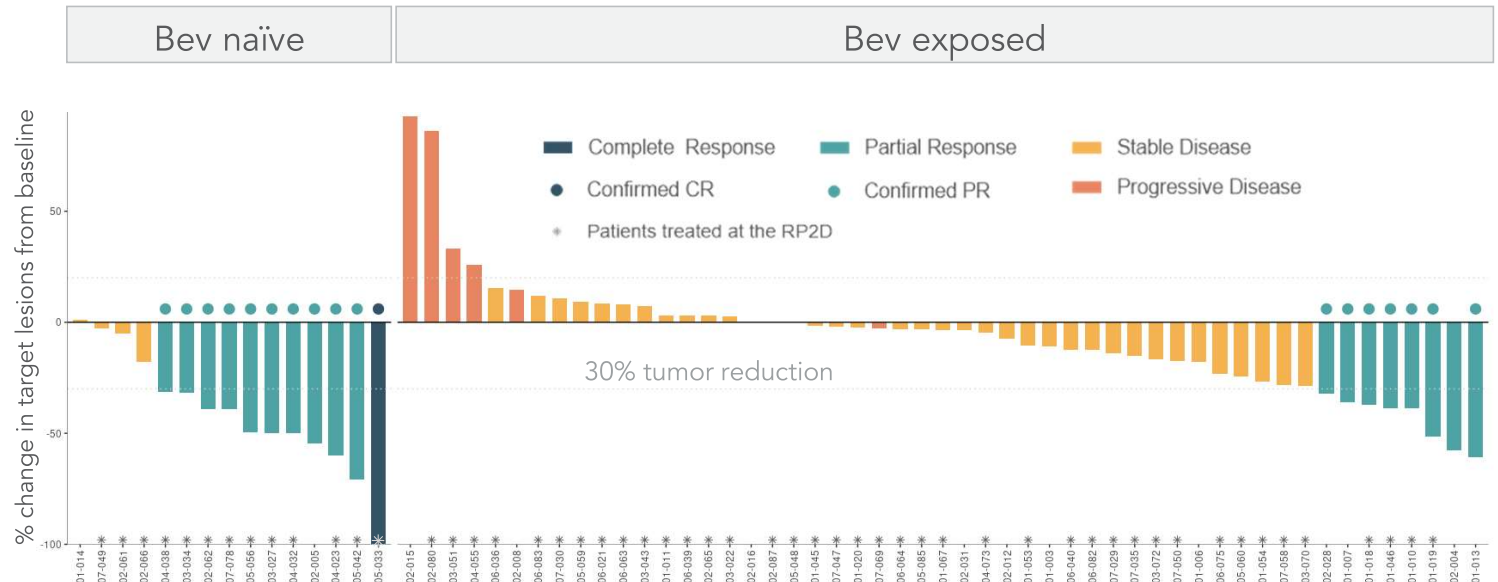
ONVANSERTIB

All patients received FOLFIRI + bev + onv in our trial

Ph 1b/2 trial bev naïve patients achieved higher response rates

Best Radiographic Response and Duration of Response* – 66 evaluable patients (as of June 16, 2023)

	All patients	Bev naïve	Bev exposed
N	66	15	51
ORR	29% (19)	73% (11)	16% (8)
95% CI	(18-41%)	(45-92%)	(7-29%)
mDoR	12.0mo	13.0mo	8.9mo
95% CI	(8.9, -)	(12.0, -)	(3.9, -)
Disease Control Rate	91%	100%	88%
Historical controls**			
ORR		23-26%	5-13%

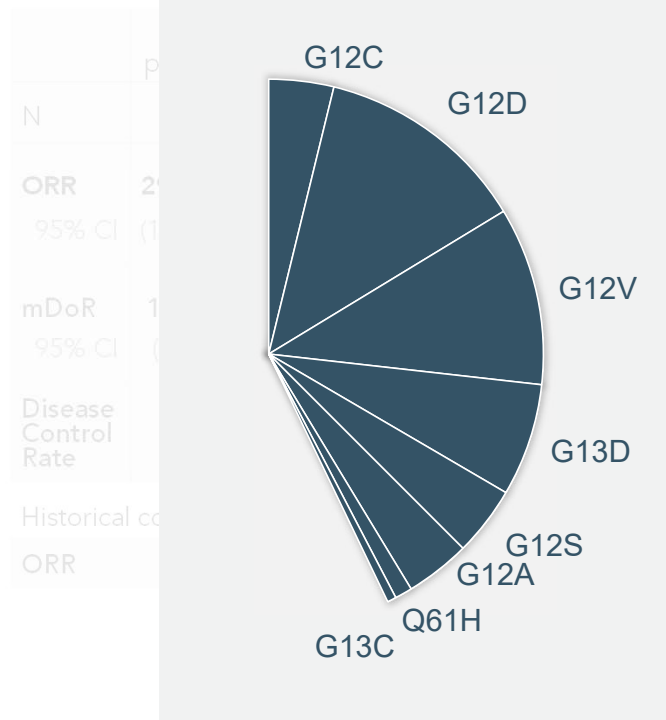


* Radiographic response determined per RECIST 1.1. Waterfall plot and table reflect interim data as of June 16, 2023 from an ongoing trial and unlocked EDC database. mDoR CI: "-" means not reached.

** Bennouna et al., Lancet Oncol 2013; 14: 29-37; Giessen et al., Acta Oncologica, 2015, 54: 187-193; Cremolini et al., Lancet Oncol 2020, 21: 497-507; Antoniotti et al., Correspondence Lancet Oncol June 2020. Giantonio et al., 2007, J Clin Oncol 25:1539-1544; Moriwaki et al., Med Oncol, 2012, 29:2842-2848; Beretta et al., Med Oncol 2013, 30:486.

Ph 1b/2 trial patients achieved responses across KRAS mutations

Best Response Frequency of Common KRAS Mutations in mCRC¹



Onvansertib responses across KRAS mutations (as of June 16, 2023)²

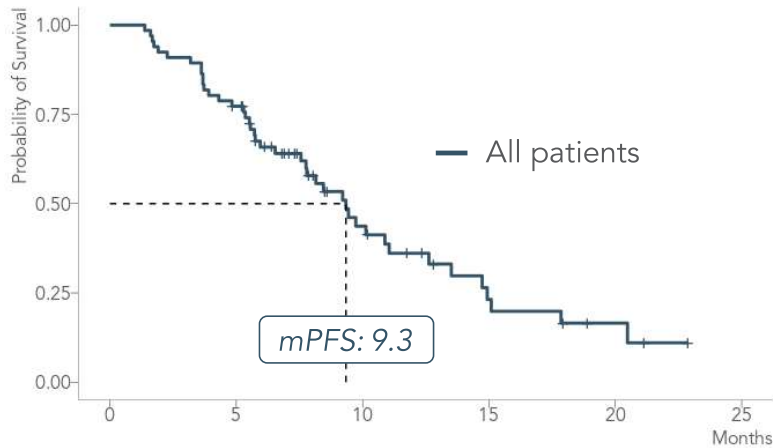
KRAS Variant	Bev naïve			Bev exposed			Total
	CR+PR	SD	PD	PR	SD	PD	
G12D	3	1		4	12	1	21
G12V	1				10	2	13
G13D	2			2	4		8
G12A	3	1		1	2		7
G12C	1				2	1	4
G12S		1			2	1	4
A146T				1	2		3
Q61H	1	1			1		3
K117N					1	1	2
G12R					1		1
Total	11	4	0	8	37	6	66

1. Jones R et al. Br J Cancer. 2017 Mar 28;116(7):923-929

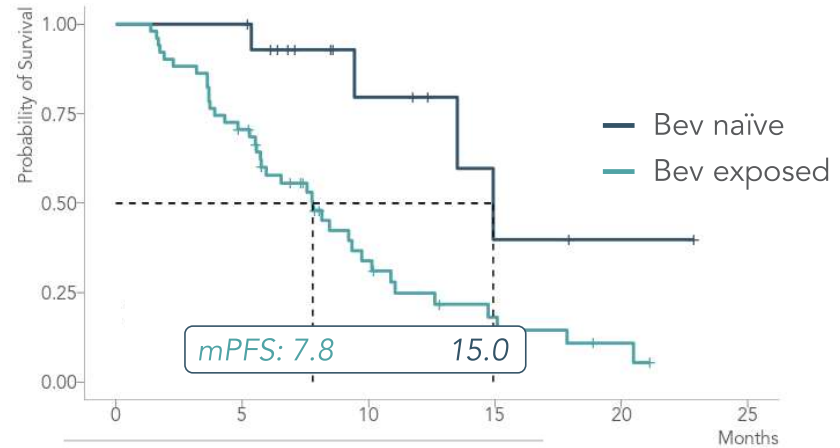
2. One patient that was categorized as G12A in the August 2023 data release has now been updated as G12R.

Ph 1b/2 trial mPFS exceeds historical controls for SoC

Progression free survival* – 66 evaluable patients (as of June 16, 2023)



Characteristic	N	Event N	mPFS (95%CI)
Overall	66	42	9.3 (7.8, 14)



Characteristic	N	Event N	mPFS (95%CI)	p-value [†]
prior_chemo	66	42		0.003
Bev Naive			15 (14, -)	
Prior Bev			7.8 (5.8, 10)	
[†] Log-rank test			CI of "-" means not reached	

Historical controls**

	Bev exposed	Bev naïve
mPFS	4.5 - 6.7mos	6.9 - 8.5mos

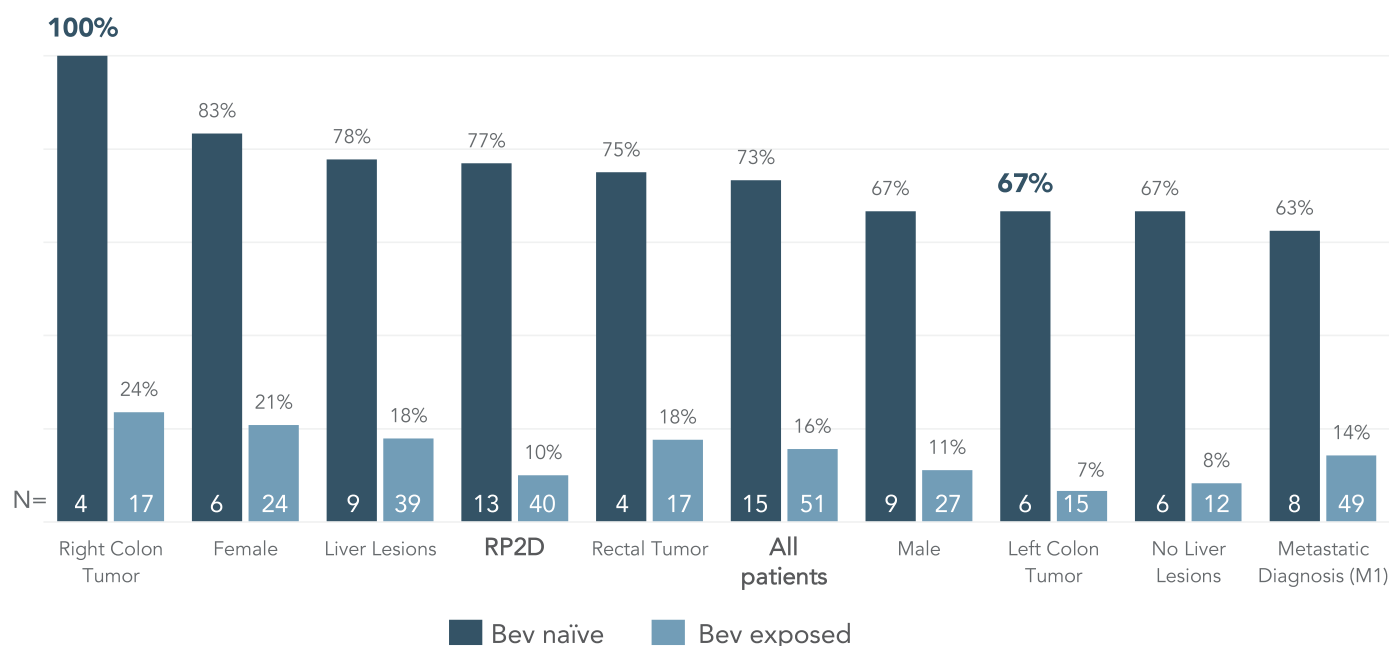
* Onvansertib mPFS are interim data as of June 16, 2023 from an ongoing trial and unlocked EDC database

** Bennouna et al., Lancet Oncol 2013; 14: 29–37; Giessen et al., Acta Oncologica, 2015, 54: 187-193; Cremolini et al., Lancet Oncol 2020, 21: 497–507; Antoniotti et al., Correspondence Lancet Oncol June 2020. Giantonio et al., 2007, J Clin Oncol 25:1539-1544; Moriwaki et al., Med Oncol, 2012, 29:2842–2848; Beretta et al, Med Oncol 2013, 30:486.

Ph 1b/2 trial ORR is consistently greater for bev naïve patients across characteristics

No single patient characteristic explains the difference in response rates by prior bev status

ORR (%) for Bevacizumab Naïve vs. Exposed Patients* – as of June 16, 2023



* Onvansertib ORR is interim data as of June 16, 2023 from an ongoing trial and unlocked EDC database.

Phase 1b/2 multivariable analysis shows prior exposure to bev is the only patient characteristic associated with greater ORR and PFS

Univariate analysis of baseline characteristics for ORR and PFS indicate superior clinical benefit for bev naïve patients and for patients without metastatic disease at time of diagnosis

Multivariable Analysis was performed with these two characteristics, resulting in only prior bev exposure remaining independently associated with clinical benefit

	n	ORR (Odds Ratio)	p-value	PFS (Hazard Ratio)	p-value
Bev Exposure	Bev Naive	15			<0.001
	Prior Bev	51			
Age	>=70	9			0.281
	<70	57			
Sex	F	30			0.457
	M	36			
Race	Other	14			0.202
	White	52			
ECOG	0	36			0.369
	1	30			
Primary Tumor	Right Colon/Other	24			0.54
	Left Colon/Rectum	42			
Metastatic at Diagnosis*	No	10			0.00298
	Yes	56			
Liver Mets	Liver mets	48			0.911
	No liver mets	18			
# of Metastases	Multiple	62			0.861
	Single	4			
Bev Exposure	Bev Naive	15			0.00128
	Prior Bev	51			
Metastatic at Diagnosis*	No	10			0.196
	Yes	56			

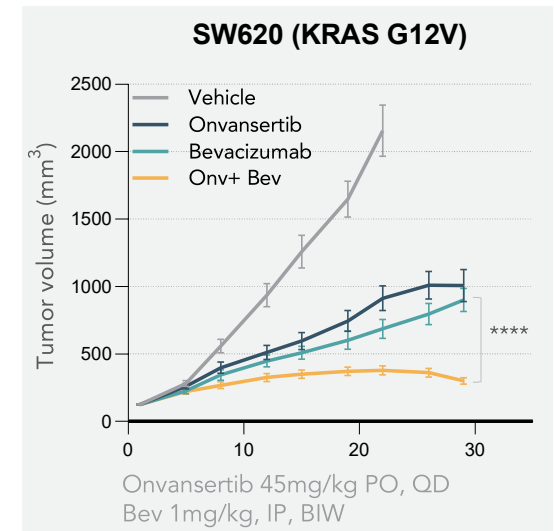
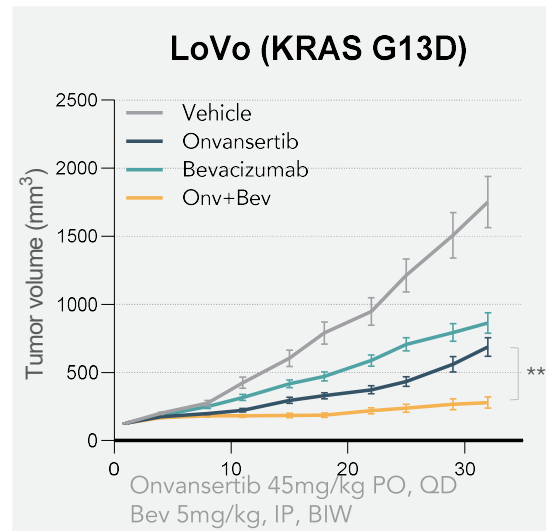
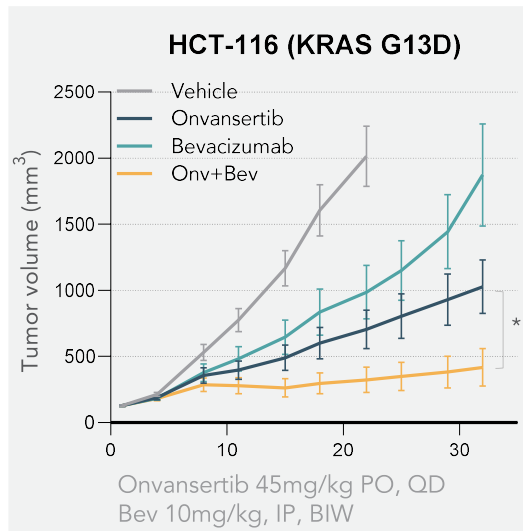
* Metastatic at Diagnosis: "Yes" means the patient's cancer had already metastasized when first diagnosed. "No" means the patient's initial diagnosis was non-metastatic CRC, but subsequently developed metastatic disease prior to enrolling in our Ph 1b/2 trial.



Scientific basis for clinical findings

























Onvansertib + bev inhibits tumor growth greater than either agent alone

The combination had significant superior anti-tumor activity compared to the single agents



Three KRAS-mutant mCRC xenograft models were treated with vehicle (control), onvansertib, bevacizumab or the combination of onvansertib and bev. 8-9mice/ group. Mean \pm SEM are represented on graphs. An unpaired t-test was used to test the difference in tumor volume change on the last day of treatment between the combination treatment and the most effective control arm. * $p < 0.05$, *** $p < 0.001$, **** $p < 0.0001$

Onvansertib plays an independent role in antiangiogenesis that complements bev

	LoVo (KRAS G13D)*			SW620 (KRAS G12V)*			
Control (vehicle)							
Bevacizumab							<ul style="list-style-type: none"> • Roche drug Avastin® • 8th largest global drug in 2019 • \$7.1B sales
Onvansertib							
Onv + bev							



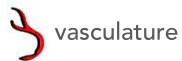
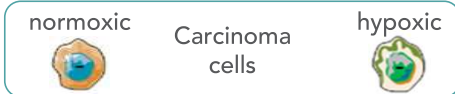
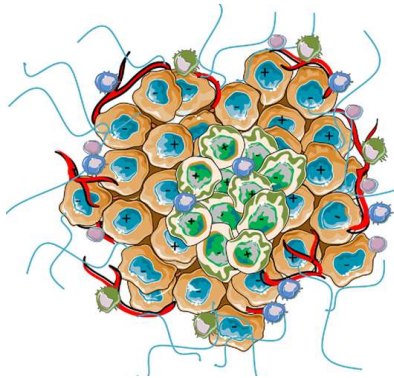
KRAS-mut mCRC tumors from mice treated with onv + bev appear smaller and pale (less vascularized)

* Two KRAS-mutant mCRC xenograft models were treated with control (vehicle), onvansertib, bevacizumab or the combination of onvansertib and bev. 8-9mice / group. Tumors were removed and photographed at the end of the study. Representative photographs from three mice from each group are shown.

HIF1 α plays a critical role in a tumor's response to hypoxia

Tumor growth

The tumor cells outgrow the blood supply and become starved of oxygen and nutrients...



Hypoxia

... low oxygen levels lead to elevated HIF1 α protein expression

HIF1 α

... turns on VEGF-A expression and secretion to recruit new vasculature as well as turning on a multitude of downstream survival genes

VEGF-A

Angiogenesis:
Vascularization
of the tumor

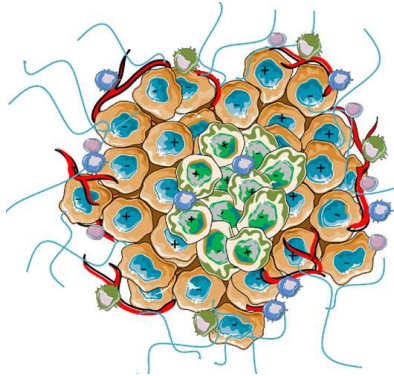
Tumor cell
survival

Proliferation

Onvansertib and bev independently inhibit tumor response to hypoxia in bev naïve tumors

Tumor growth

The tumor cells outgrow the blood supply and become starved of oxygen and nutrients...



Hypoxia

... low oxygen levels lead to elevated HIF1 α protein expression

HIF1 α

... turns on VEGF-A expression and secretion to recruit new vasculature as well as turning on a multitude of downstream survival genes

onvansertib

inhibits HIF1 α expression

bevacizumab

neutralizes VEGF-A

VEGF-A

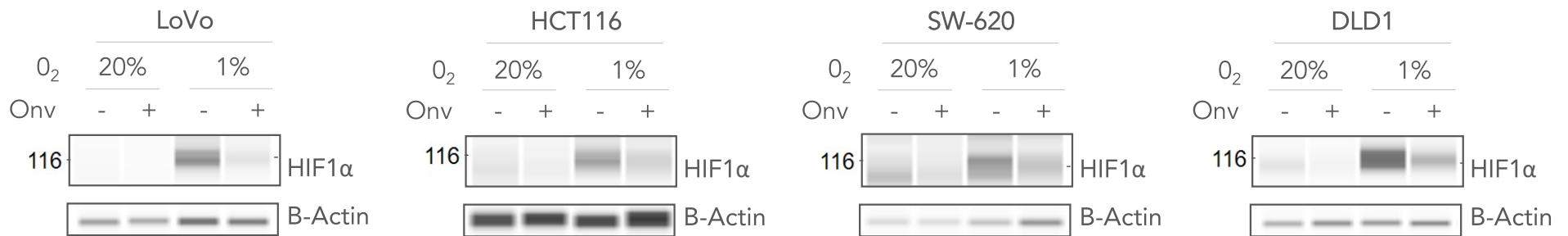
Angiogenesis:
Vascularization
of the tumor

Tumor cell
survival

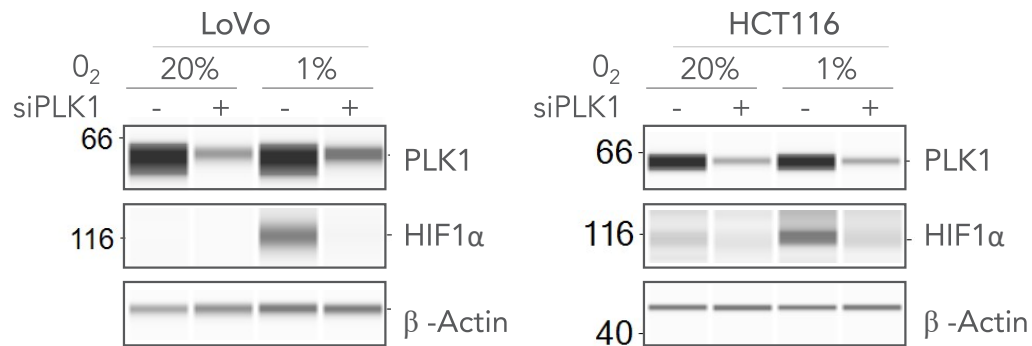
Proliferation

Onvansertib inhibits the hypoxia signaling pathway by downregulating HIF1 α expression

In 4 RAS-mutant CRC cell lines¹, onvansertib inhibited hypoxia-induced HIF1 α expression



PLK1 inhibition using siRNA against PLK1 (siPLK1)² prevented hypoxia-induced HIF1 α expression



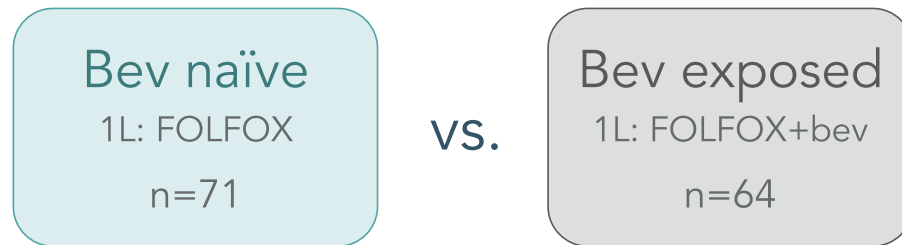
1. KRAS-mutant CRC cell lines were cultured under normoxia (20%O₂) or hypoxia (1%O₂), in the presence (+) or absence (-) of onvansertib. HIF1 α expression was induced under hypoxia.
2. LoVo and HCT116 cells were transfected with siRNA control (-) or siRNA targeting PLK1 (siPLK1) and then exposed to 20% or 1%O₂. Cells were collected 24h after transfection.

Prior bev therapy in 1st line can confer resistance to bev, and onvansertib

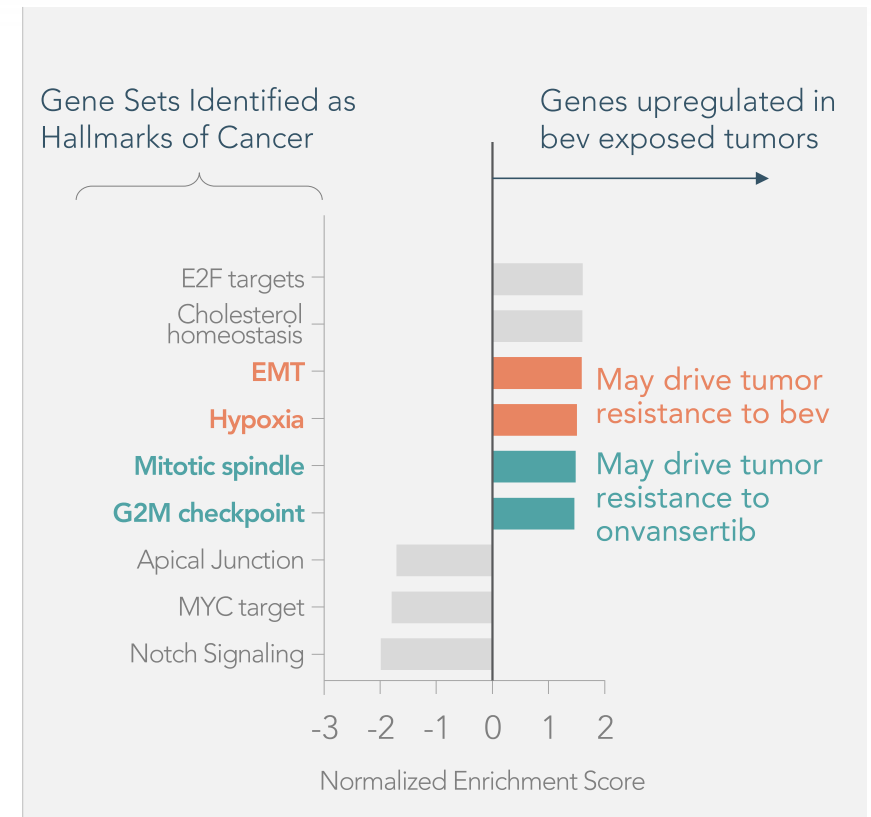
"TEMPUS Tumor Biopsy Library

135 tumor biopsy samples identified

- All from KRAS-mut mCRC patients
- After completing 1st line therapy (prior to 2nd line)



Performed RNA sequencing to see changes in tumor biology after 1st line treatment +/- bev



Our mCRC journey of discovery led us from second-line to first-line

FIRST LINE

CRDF-004

ENROLLING

RAS-mutated mCRC
90 patients,
randomized,
3 arms (2 doses +
control)
Pfizer Ignite

SECOND LINE

Ph 1b/2
(TROV-054)

COMPLETED

KRAS-mutated mCRC
66 evaluable patients,
single arm

CRDF-003



DISCONTINUED

RAS-mutated mCRC
23 patients*,
randomized,
blinded,
3 arms (2 doses +
control)

* ONSEMBLE enrolled 23 patients, and 2 patients were not evaluable because one withdrew consent prior to their first dose and one withdrew consent before their first post-baseline scan. Both patients were “bev exposed” and randomized to the control arm.

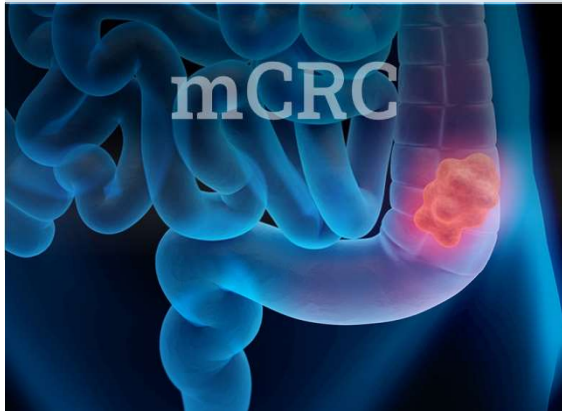
ONSEMBLE Ph 2 trial was designed to generate randomized data

ENROLLMENT CRITERIA

2nd line mCRC
KRAS+/NRAS+
Unresectable

R

N=23
1:1:1



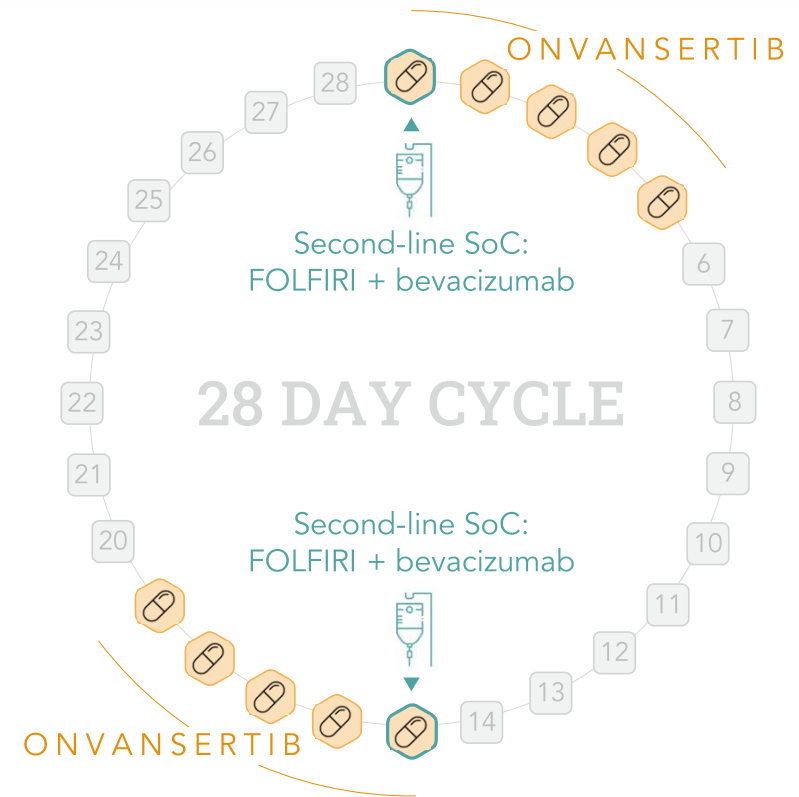
SoC: FOLFIRI/bev

Onv 20mg + FOLFIRI/bev

Onv 30mg + FOLFIRI/bev

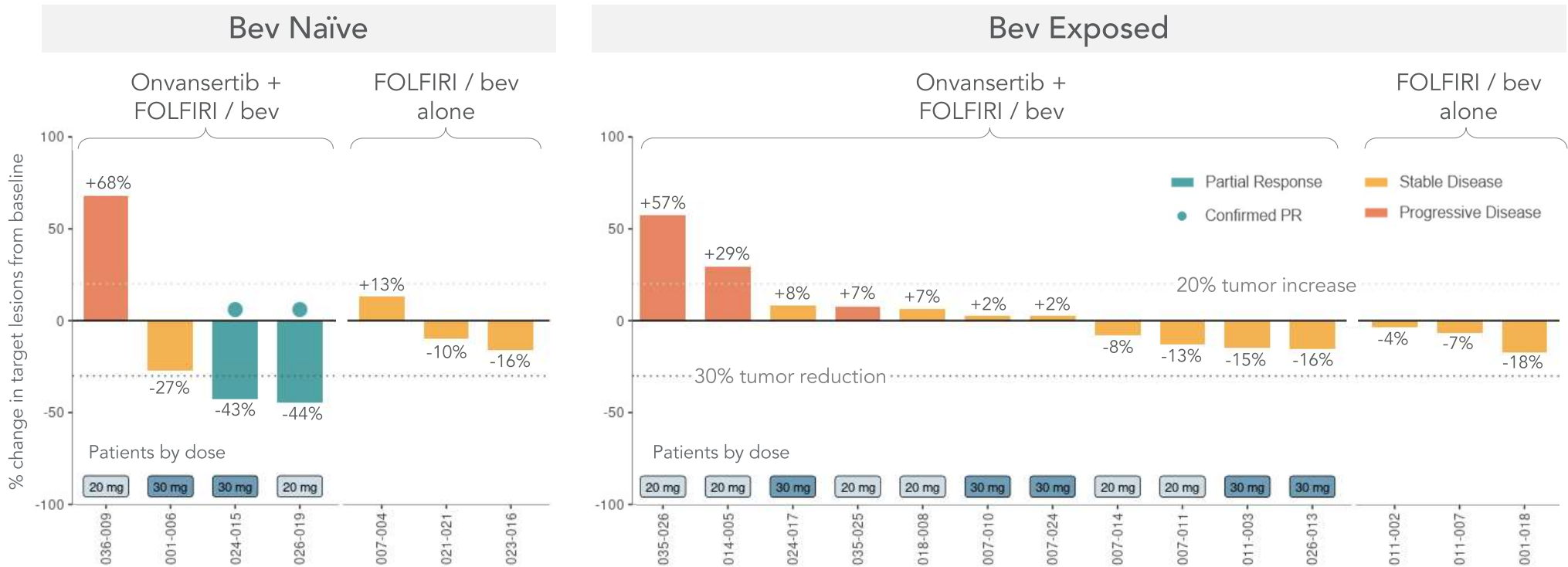
PRIMARY ENDPOINT

Objective Response Rate



ONSEMBLE bev naïve patients treated with onvansertib + SoC achieved deeper responses than SoC alone

Best Radiographic Response* –  ONSEMBLE patients (as of February 26, 2024)

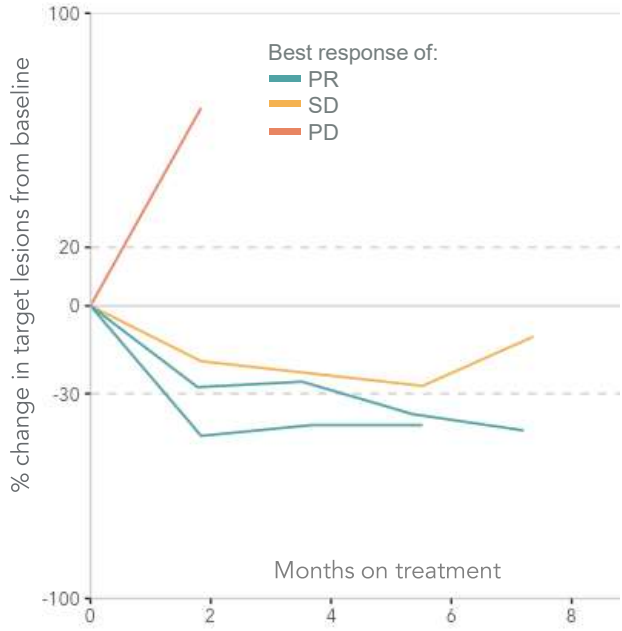


* Radiographic response determined per RECIST 1.1. Waterfall plot reflects interim data as of February 26, 2024 from an ongoing, discontinued trial and unlocked EDC database.

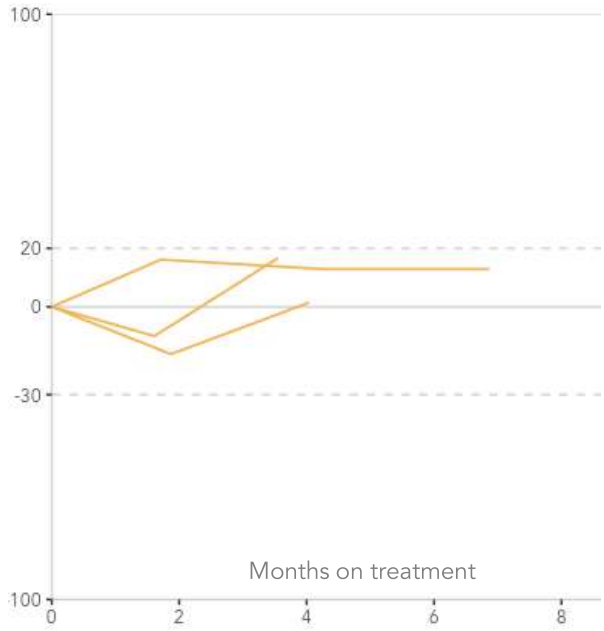
ONSEMBLE bev naïve patients treated with onvansertib + SoC achieved deeper responses than SoC alone

Change in tumor size from baseline* –  bev naïve patients (as of February 26, 2024)

Bev naïve: onvansertib + FOLFIRI/bev arm



Bev naïve: FOLFIRI/bev (control) arm



Progressive disease
Stable disease
Partial response

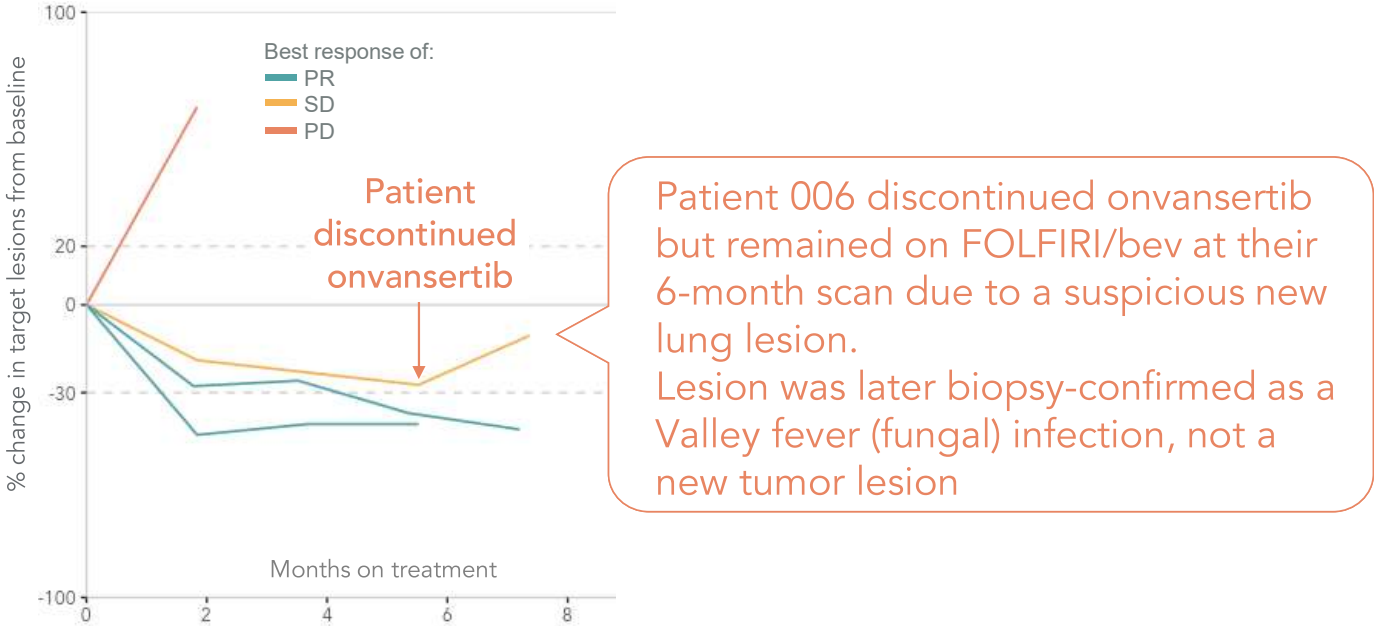
← -30% tumor reduction →

* Spider plots reflect interim data as of February 26, 2024 from an ongoing, discontinued trial and unlocked EDC database

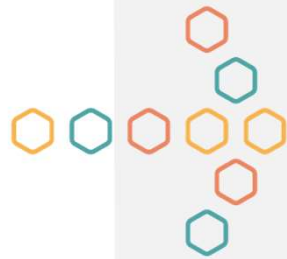
ONSEMBLE bev naïve patients treated with onvansertib + SoC achieved deeper responses than SoC alone

Change in tumor size from baseline* –  bev naïve patients (as of February 26, 2024)

Bev naïve: onvansertib + FOLFIRI/bev arm



* Spider plots reflect interim data as of February 26, 2024 from an ongoing, discontinued trial and unlocked EDC database



Fighting mCRC through PLK1 inhibition

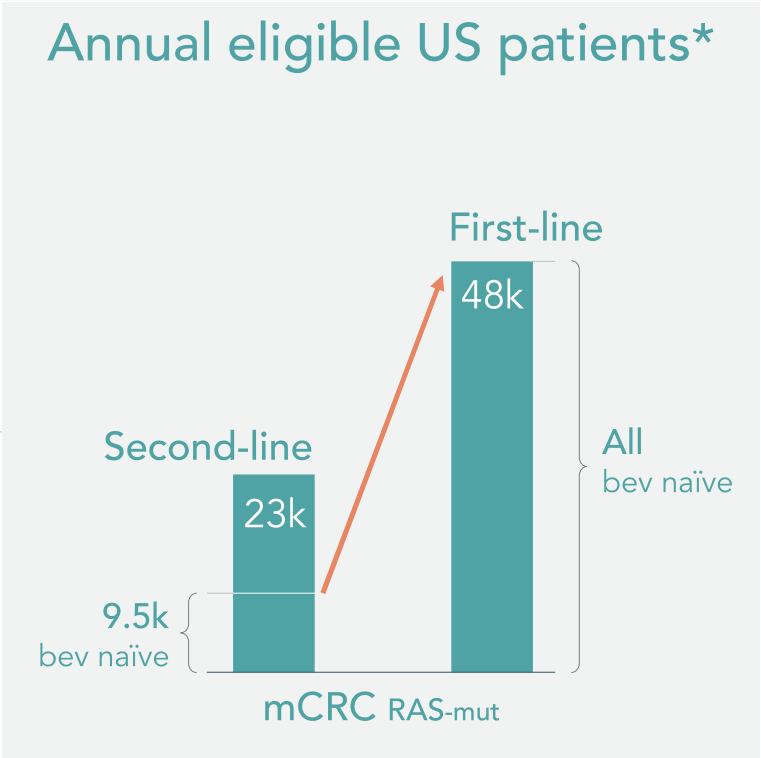
Robust data in lead mCRC program

Path forward to accelerated approval

Our mCRC journey of discovery led us from second-line to first-line

FIRST
LINE

SECOND
LINE



CRDF-004

ENROLLING

RAS-mutated mCRC
90 patients,
randomized,
3 arms (2 doses +
control)
Pfizer Ignite

* Company estimates of first-line and second-line mCRC population with KRAS- and NRAS-mutated cancers.

mCRC program positions onvansertib for accelerated and full-approval

mCRC clinical development program agreed with FDA at June 2023 Type C meeting

CRDF-004

1st line RAS-mutated mCRC trial
90 patients, randomized, 2 doses of onvansertib

Highlights of CRDF-004 exploratory trial

- Provide randomized clinical safety / efficacy data
- Confirm optimal dose in 1st line
- Expect to provide initial data readout in H2 2024
- Pfizer Ignite provides clinical execution

CRDF-005

1st line RAS-mutated mCRC registrational trial
320 patients, randomized

Highlights of CRDF-005 registrational trial

- Seamless registrational trial for accelerated and full approval, as agreed with FDA
- ORR endpoint: For accelerated approval
- PFS / OS trend endpoint: For full approval

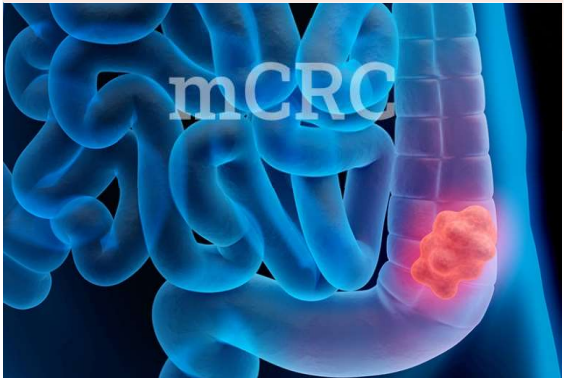
Trial design of CRDF-004: first-line RAS-mutated mCRC Phase 2 trial

ENROLLMENT CRITERIA

First-line mCRC
 KRAS+/NRAS+
 Unresectable
 No prior bev

R

N=90

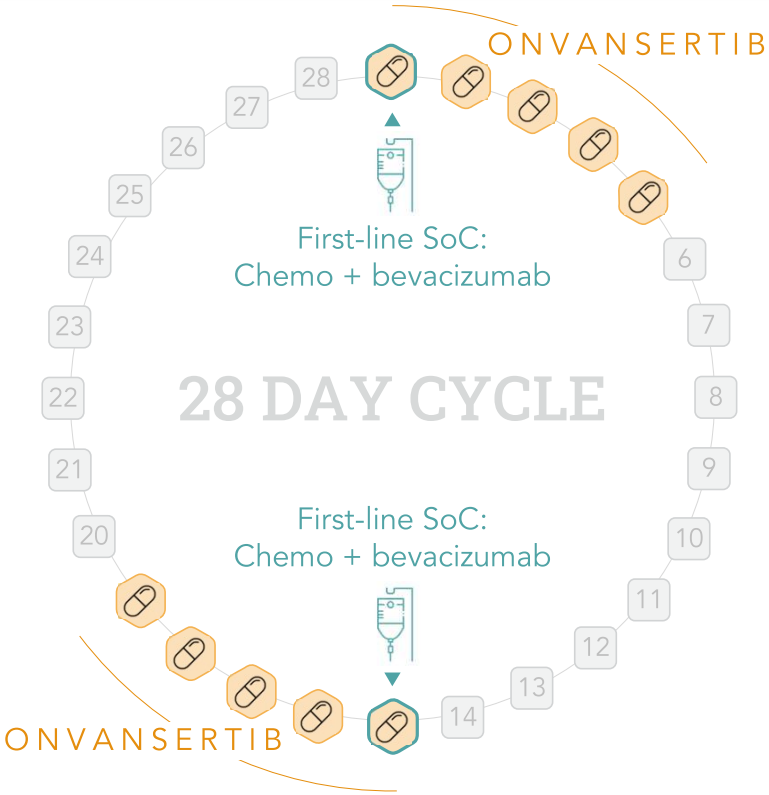


6 RANDOMIZATION ARMS

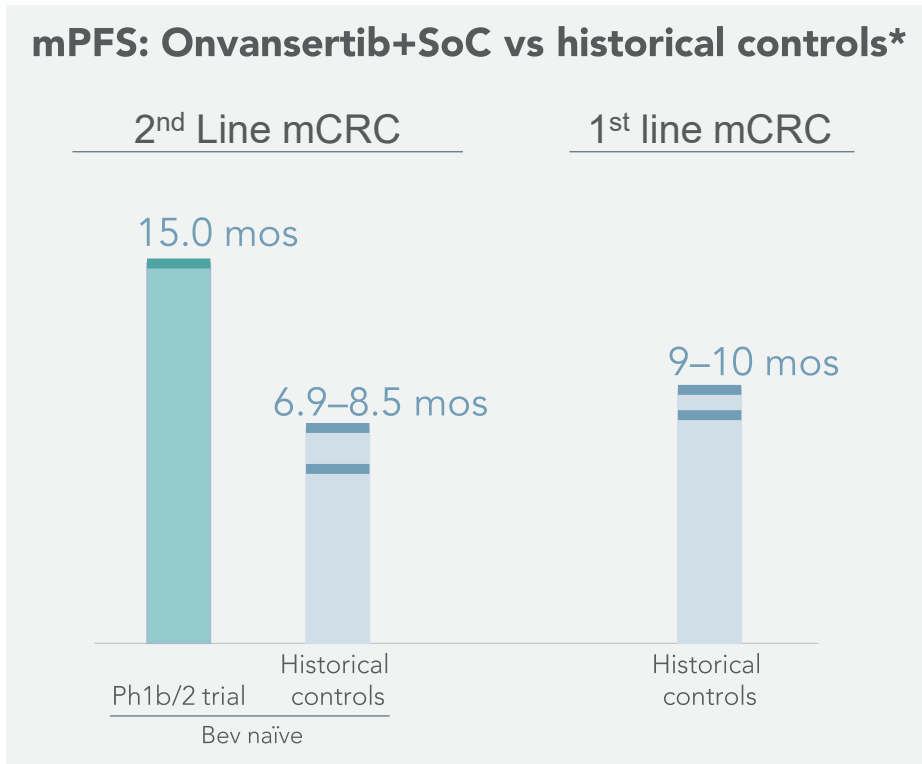
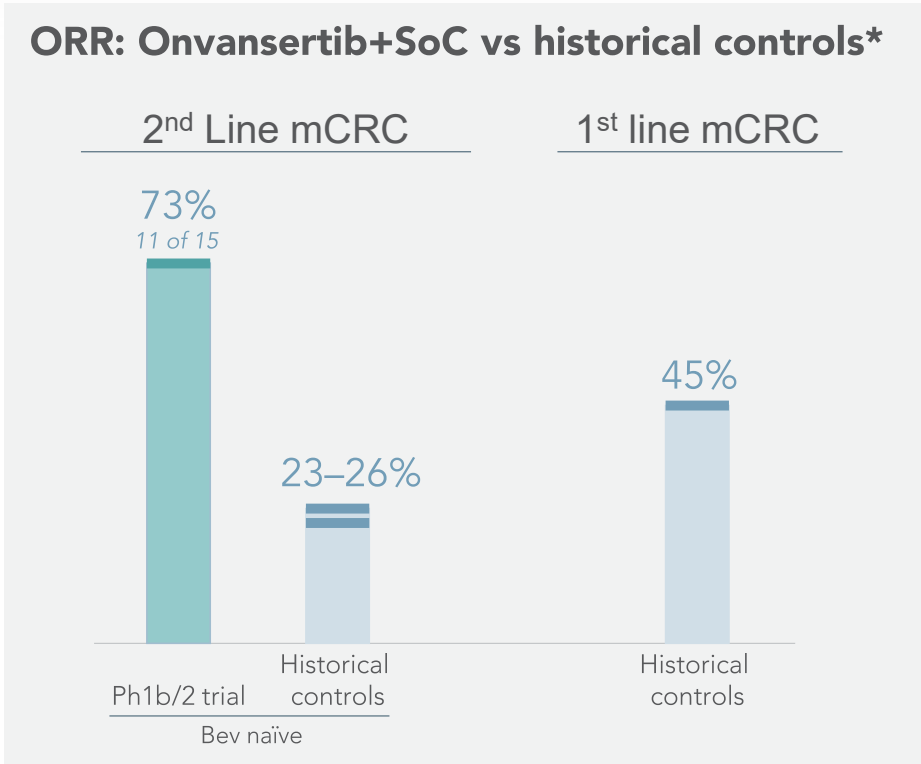
SoC alone	1. FOLFIRI/bev
	2. FOLFOX/bev
Onv 20mg +	3. FOLFIRI/bev
	4. FOLFOX/bev
Onv 30mg +	5. FOLFIRI/bev
	6. FOLFOX/bev

ENDPOINTS *

Primary: ORR
 Secondary: DoR and PFS
 * Blinded independent central review



ORR/PFS for bev naïve patients exceeds 1st and 2nd line historical controls



Given the design of prior trials, historical controls include RAS-mut and RAS wild-type cancers

* 2008: Bennouna et al., Lancet Oncol 2013; 14: 29–37; 2013: Giessen et al., Acta Oncologica, 2015, 54: 187-193; 2017: Cremolini et al., Lancet Oncol 2020, 21: 497–507; and Antoniotti et al., Correspondence Lancet Oncol June 2020. J. Clin. Med. 2020, 9, 3889; doi:10.3390/jcm9123889. ORR ad PFS data are interim data from an ongoing trial and unlocked EDC database. Historical controls are from studies in similar anti-angiogenic drugs and restricted geographical areas, and do not all represent purely comparable 2nd line mCRC patient populations.

Pfizer will support clinical execution of 1st line mCRC trial

PFIZER BREAKTHROUGH GROWTH INITIATIVE

November 2021

- \$15M investment
- Nicholas Choong, MD (Vice President of Clinical Development and Therapeutic Area Head for GI cancers, Gynecologic cancers and Melanoma at Pfizer) serves on Scientific Advisory Board
- Right of first access to data

PFIZER Ignite

August 2023

- Pfizer Ignite is responsible for the clinical execution of 1st line mCRC trial (CRDF-004), including development capabilities, scale and expertise
- Cardiff Oncology retains full economic ownership and control of onvansertib

Cardiff Oncology: Positioned to improve 1st line mCRC treatment

First-in-Class PLK1 inhibitor	Robust clinical data in 2L KRAS-mut mCRC	FDA	Pfizer
<ul style="list-style-type: none"> • Onvansertib: first well-tolerated PLK1-selective inhibitor • PLK1 inhibition disrupts tumor growth several ways 	<p>Ph 1b/2</p> <ul style="list-style-type: none"> • 73% response rate vs ~25% in SoC • 15 month mPFS vs ~8 month in SoC <p>ONSEMBLE data</p>	<ul style="list-style-type: none"> • FDA-agreed path to 1st line accelerated approval 	<ul style="list-style-type: none"> • Pfizer is equity investor and has seat on SAB • Pfizer provides clinical execution of 1st line trial

We expect clinical data from our 1st line RAS-mutated mCRC trial in H2 2024

June 30, 2024 cash and investments* \$60.3M

Net cash used in Operating Activities*
(Rolling two-quarter period ending June 30, 2024) \$17.0M

Runway with current cash extends through the end of Q3 2025

* Financial information above is derived from our unaudited financials in Form 10Q filed on 8/8/24.



Appendix

Additional mCRC Data

Ph 1b/2 trial's patient demographics reflect 2nd line mCRC population

Enrollment*

Number of Patients (N)	Phase 1b, Dose Level 0 Onvansertib 12 mg/m ²	Phase 1b, Dose Level +1 Onvansertib 15 mg/m ²	Phase 1b, Dose Level +2 Onvansertib 18 mg/m ²	Phase 2 RP2D Onvansertib 15 mg/m ²	Total Patients All Doses
Treated	6	6	6	50	68

Total Patients N=68	Median [range] or n (%)
Age (years)	56 [34-83]
Sex	
Male	37 (54%)
Female	31 (46%)
ECOG	
0	36 (53%)
1	32 (47%)
Primary tumor site	
Colon	44 (65%)
Rectum	22 (32%)
Other	2 (3%)

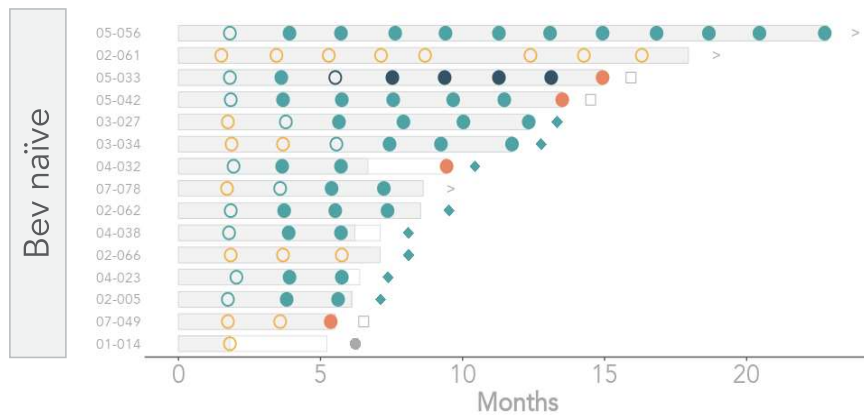
Total Patients N=68	Median n (%)
Liver metastasis	
None	20 (29%)
Liver and other	36 (53%)
Liver only	12 (18%)
Number of metastatic organs	
None	1 (1.5%)
1	4 (6%)
≥2	63 (92.5%)
Prior bevacizumab treatment	
Yes	51 (75%)
No	17 (25%)

* Data are interim as of June 16, 2023 from an ongoing trial and unlocked EDC database.

Ph 1b/2 trial bev naïve patients experienced more durable responses

Swimmer plot* – 66 evaluable patients (as of June 16, 2023)

	All patients	Bev naïve	Bev exposed
Pursued surgery / ablation	18% (12/66)	53% (8/15)	8% (4/51)
Initial PR at 8 week scan	9	8	1
Initial PR at 16+ week scan	10	3	7



* Swimmer plot / table reflect interim data as of June 16, 2023 from an ongoing trial and unlocked EDC database. After external review of the tumor measurements completed May 12, 2023, it was determined that patients 02-028 and 04-038 were confirmed PRs.

Ph 1b/2 trial: onvansertib in combination with FOLFIRI-bev is well-tolerated*

- All treated patients (N=68)
 - All dose levels (12mg/m², 15mg/m², 18mg/m²)
- No major / unexpected toxicities are seen as compared to FOLFIRI / bev
- 8 G4 hematologic AEs occurred
 - All resolved without issue through dose holds, including the removal of the 5-FU bolus (as per NCCN Guidelines), and/or growth factor support
 - None of the 8 patients discontinued treatment due to these AEs

TEAE	GR1	GR2	GR3	GR4	TOTAL	TEAE	GR1	GR2	GR3	GR4	TOTAL
Fatigue	24	22	7	0	53 78%	Cough	11	0	0	0	11 16%
Neutropenia	1	18	23	7	49 72%	Pyrexia	8	1	1	0	10 15%
Nausea	29	13	4	0	46 68%	Dyspnea	7	3	0	0	10 15%
Diarrhea	21	13	4	0	38 56%	AST Increase	7	2	1	0	10 15%
Leukopenia	9	14	5	1	29 43%	Lymphocytopenia	2	7	0	0	9 13%
Anemia	22	5	2	0	29 43%	Dyspepsia	9	0	0	0	9 13%
Alopecia	20	5	0	0	25 37%	ALT Increase	8	0	1	0	9 13%
Abdominal Pain	14	8	3	0	25 37%	Hypocalcemia	9	0	0	0	9 13%
Stomatitis	15	6	3	0	24 35%	Insomnia	9	0	0	0	9 13%
Hypertension	4	10	9	0	23 34%	Dehydration	1	5	2	0	8 12%
Thrombocytopenia	17	5	1	0	23 34%	Hypokalemia	6	2	0	0	8 12%
Constipation	17	2	1	0	20 29%	Arthralgia	6	2	0	0	8 12%
Vomiting	11	6	3	0	20 29%	Hand / Foot Syndrome	5	2	0	0	7 10%
Epistaxis	15	0	0	0	15 22%	Hemorrhoids	5	2	0	0	7 10%
Headache	13	0	0	0	13 19%	Non-Cardiac Chest Pain	6	1	0	0	7 10%
Decreased Appetite	4	6	2	0	12 18%	ALP Increase	5	1	1	0	7 10%
Back Pain	10	2	0	0	12 18%						

* Data consists of all adverse events entered into the EDC as of June 13, 2023, from an ongoing trial and unlocked EDC database. N: number of patients (total N=68); events shown occurred in ≥10% of patients; numbers indicate number of patients experiencing the event, (regardless of causality); each patient is only counted once and only for the highest grade of a given event. TEAEs: Treatment Emergent Adverse Events; TOTAL shows the absolute # of patients and (%) of the population. COVID, as an AE, is not included as that data is still under review and being tabulated.

ONSEMBLE's patient demographics reflect second-line mCRC population

Enrollment*

Number of Patients (N)	FOLFIRI and bev	FOLFIRI-bev and Onvansertib - 20mg	FOLFIRI-bev and Onvansertib - 30mg	Total Patients All Doses
Intent to Treat	8	8	7	23
Treated (included in safety evaluable patients)	7	8	7	22
Evaluable for efficacy	6	8	7	21

Total Patients N=22	Median [range] or n (%)
Age (years)	53 [35-81]
Sex	
Male	12 (54%)
Female	10 (46%)
ECOG ¹	
0	9 (41%)
1	12 (55%)

Total Patients N=22	Median n (%)
Liver metastasis	
None	5 (23%)
Liver and other	13 (59%)
Liver only	4 (18%)
Number of metastatic organs	
1	7 (32%)
≥2	15 (68%)
Prior bevacizumab treatment	
Yes	15 (68%)
No	7 (32%)

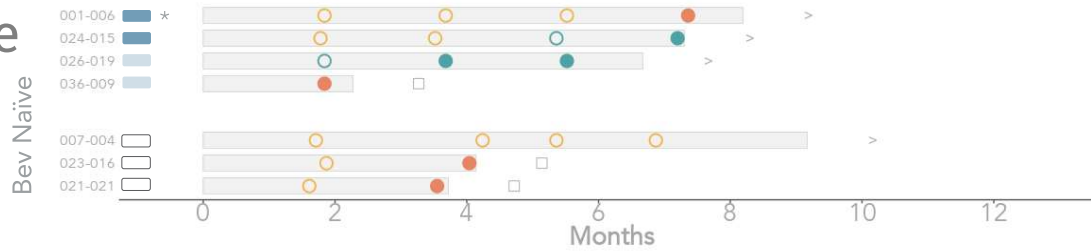
* Data are interim as of January 3, 2024 from an ongoing trial and unlocked EDC database. ONSEMBLE enrolled 23 patients, and 2 patients were not evaluable because one withdrew consent prior to their first dose and one withdrew consent before their first post-baseline scan. Both patients were "bev exposed" and randomized to the control arm.

¹ ECOG was not recorded for one patient

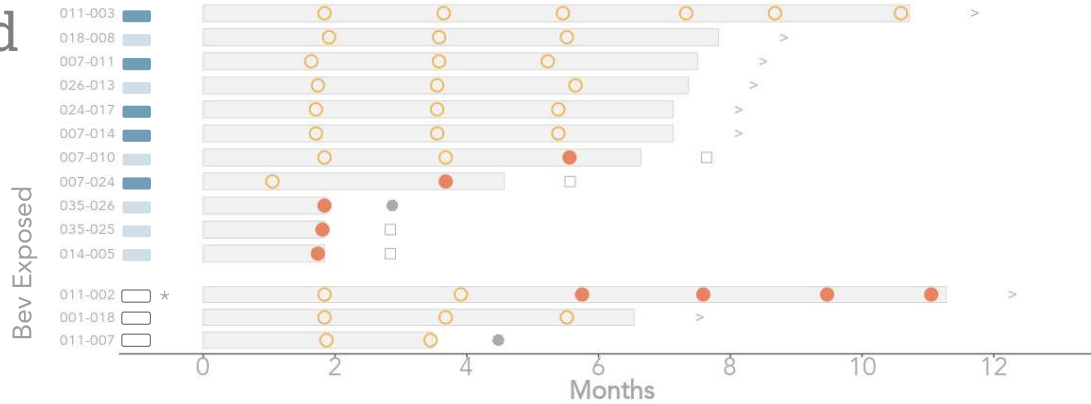
ONSEMBLE swimmer plot

Swimmer plot* –  patients (as of February 26, 2024)

Bev Naïve



Bev Exposed



Treatment Arm

- Control
- Onvansertib 20 mg
- Onvansertib 30 mg

Response

- Progressive Disease
- Stable Disease
- Partial Response
- Confirmed Partial Response

Reason for Discontinuation

- Disease Progression
- Patient Decision

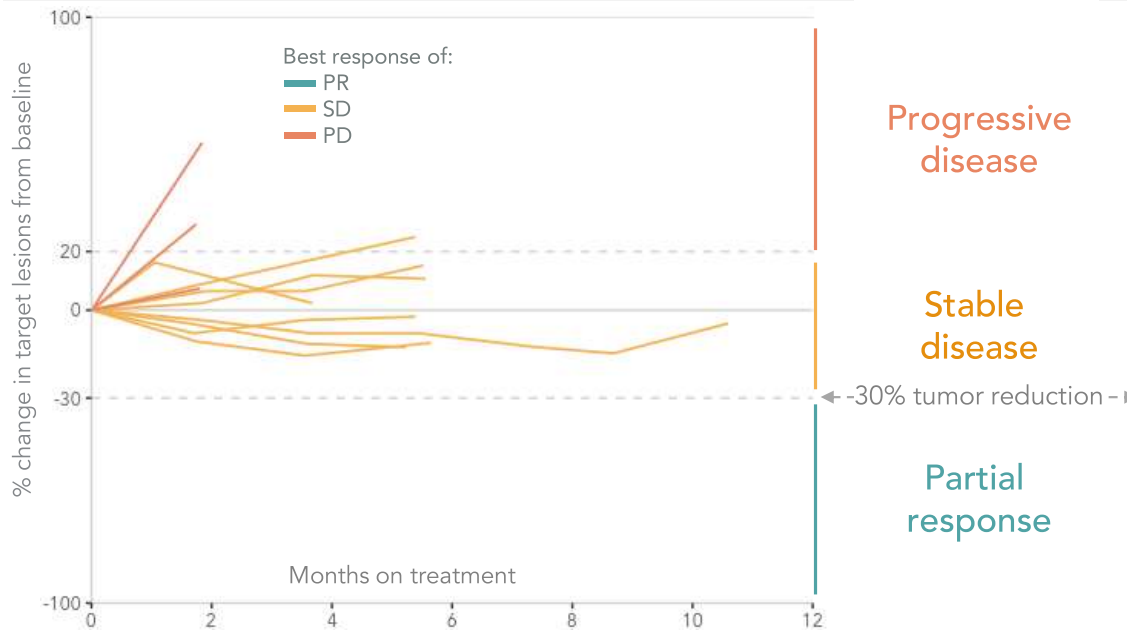
> On Treatment

* Swimmer plot reflects interim data as of February 26, 2024 from an ongoing, discontinued trial and unlocked EDC database. Patient 001-006 discontinued onvansertib at their 6-month scan due to a suspicious new lung lesion, which was later biopsy-confirmed as a Valley fever (fungal) infection. Patient 011-002 continues on trial in the control arm despite progressive disease, as the treating physician believes the patient continues to have clinical benefit from second-line standard of care treatment..

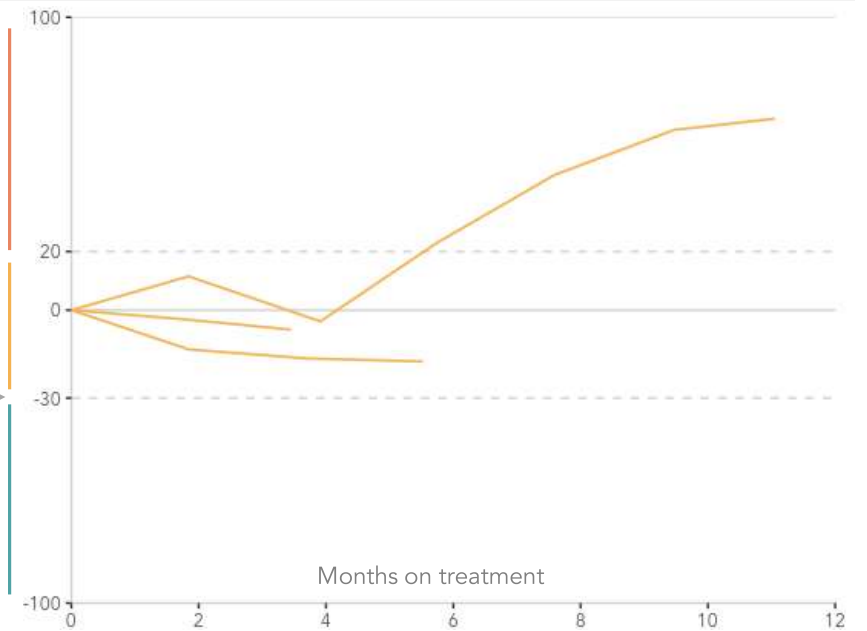
ONSEMBLE bev exposed patients, with or without onvansertib, showed no responses

Change in tumor size from baseline* –  ONSEMBLE bev exposed patients (as of February 26, 2024)

Bev exposed: onvansertib + FOLFIRI/bev arm



Bev exposed: FOLFIRI/bev (control) arm



* Spider plots reflect interim data as of February 26, 2024 from an ongoing, discontinued trial and unlocked EDC database

ONSEMBLE Control Arm: Treatment Emergent Adverse Effects (TEAEs)

	N (% of total)	Grade 1	Grade 2	Grade 3	Grade 4	Total
Control arm						
(N=7)						
Patients received FOLFIRI+bev						
No major/unexpected toxicity seen						
	Any Adverse Events	6 (85.7)	6 (85.7)	3 (42.9)	0 (0.0)	6 (85.7)
	Diarrhea	3 (42.9)	1 (14.3)	0 (0.0)	0 (0.0)	4 (57.1)
	Nausea	2 (28.6)	1 (14.3)	1 (14.3)	0 (0.0)	4 (57.1)
	Fatigue	3 (42.9)	0 (0.0)	1 (14.3)	0 (0.0)	4 (57.1)
	Neutropenia	0 (0.0)	3 (42.9)	0 (0.0)	0 (0.0)	3 (42.9)
	Stomatitis	1 (14.3)	1 (14.3)	1 (14.3)	0 (0.0)	3 (42.9)
	Vomiting	1 (14.3)	0 (0.0)	1 (14.3)	0 (0.0)	2 (28.6)
	Alopecia	1 (14.3)	2 (28.6)	0 (0.0)	0 (0.0)	3 (42.9)
	Constipation	2 (28.6)	1 (14.3)	0 (0.0)	0 (0.0)	3 (42.9)
	Decreased appetite	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
	Insomnia	0 (0.0)	1 (14.3)	0 (0.0)	0 (0.0)	1 (14.3)
	Hypokalaemia	1 (14.3)	1 (14.3)	0 (0.0)	0 (0.0)	2 (28.6)
	Anaemia	0 (0.0)	1 (14.3)	0 (0.0)	0 (0.0)	1 (14.3)
	Cough	1 (14.3)	0 (0.0)	0 (0.0)	0 (0.0)	1 (14.3)
	Dysgeusia	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
	Dyspepsia	0 (0.0)	1 (14.3)	0 (0.0)	0 (0.0)	1 (14.3)
	Hypertension	0 (0.0)	0 (0.0)	1 (14.3)	0 (0.0)	1 (14.3)
	Lymphopenia	0 (0.0)	1 (14.3)	0 (0.0)	0 (0.0)	1 (14.3)
	Pyrexia	0 (0.0)	1 (14.3)	0 (0.0)	0 (0.0)	1 (14.3)

* Data consists of all adverse events entered into the EDC as of January 3, 2024, from an ongoing trial and unlocked EDC database. N: number of patients; events shown occurred in ≥10% of patients; numbers indicate number of patients experiencing the event, (regardless of causality); each patient is only counted once and only for the highest grade of a given event. TEAEs: Treatment Emergent Adverse Events; Columns show the absolute # of patients and (%) of the population.

ONSEMBLE onvansertib 30mg Arm TEAEs: Onvansertib in combination with FOLFIRI+bev is well-tolerated

Experimental arm	N (% of total)	Grade 1	Grade 2	Grade 3	Grade 4	Total
Onv 30mg (N=7)						
Patients received FOLFIRI+bev +30 mg dose of onvansertib						
No major/unexpected toxicity seen						
	Any Adverse Events	7 (100.0)	7 (100.0)	4 (57.1)	0 (0.0)	7 (100.0)
	Diarrhea	1 (14.3)	1 (14.3)	2 (28.6)	0 (0.0)	4 (57.1)
	Nausea	2 (28.6)	1 (14.3)	0 (0.0)	0 (0.0)	3 (42.9)
	Fatigue	3 (42.9)	1 (14.3)	0 (0.0)	0 (0.0)	4 (57.1)
	Neutropenia	0 (0.0)	1 (14.3)	2 (28.6)	0 (0.0)	3 (42.9)
	Stomatitis	2 (28.6)	1 (14.3)	0 (0.0)	0 (0.0)	3 (42.9)
	Vomiting	2 (28.6)	0 (0.0)	0 (0.0)	0 (0.0)	2 (28.6)
	Alopecia	1 (14.3)	1 (14.3)	0 (0.0)	0 (0.0)	2 (28.6)
	Constipation	1 (14.3)	1 (14.3)	0 (0.0)	0 (0.0)	2 (28.6)
	Decreased appetite	0 (0.0)	2 (28.6)	0 (0.0)	0 (0.0)	2 (28.6)
	Insomnia	3 (42.9)	0 (0.0)	0 (0.0)	0 (0.0)	3 (42.9)
	Hypokalaemia	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
	Anaemia	1 (14.3)	0 (0.0)	0 (0.0)	0 (0.0)	1 (14.3)
	Cough	2 (28.6)	0 (0.0)	0 (0.0)	0 (0.0)	2 (28.6)
	Dysgeusia	0 (0.0)	1 (14.3)	0 (0.0)	0 (0.0)	1 (14.3)
	Dyspepsia	0 (0.0)	1 (14.3)	0 (0.0)	0 (0.0)	1 (14.3)
	Hypertension	0 (0.0)	1 (14.3)	1 (14.3)	0 (0.0)	2 (28.6)
	Lymphopenia	2 (28.6)	0 (0.0)	0 (0.0)	0 (0.0)	2 (28.6)
	Pyrexia	0 (0.0)	0 (0.0)	1 (14.3)	0 (0.0)	1 (14.3)
	Thrombocytopenia	0 (0.0)	2 (28.6)	0 (0.0)	0 (0.0)	2 (28.6)

* Data consists of all adverse events entered into the EDC as of January 3, 2024, from an ongoing trial and unlocked EDC database. N: number of patients; events shown occurred in ≥10% of patients; numbers indicate number of patients experiencing the event, (regardless of causality); each patient is only counted once and only for the highest grade of a given event. TEAEs: Treatment Emergent Adverse Events; Columns show the absolute # of patients and (%) of the population.

Onvansertib 20mg Arm TEAEs: Onvansertib in combination with FOLFIRI+bev is well-tolerated

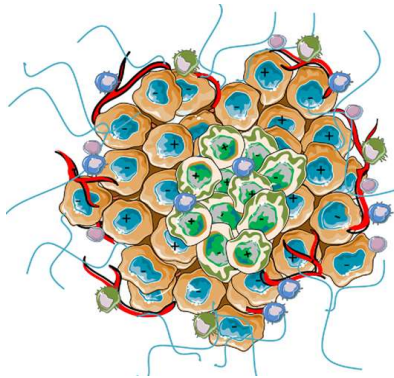
	N (% of total)	Grade 1	Grade 2	Grade 3	Grade 4	Total
Experimental arm						
Onv 20mg (N=8)						
Patients received FOLFIRI+bev +20 mg dose of onvansertib						
No major/unexpected toxicity seen						
2 Grade 4 TEAEs of neutropenia seen in patients (008 and 019) receiving 20mg onvansertib+SoC						
• Both patients recovered after delaying their next cycle of treatment for 7 and 10 days, respectively						
• Both patients are still on-trial						
Any Adverse Events	8 (100.0)	8 (100.0)	7 (87.5)	2 (25.0)	2 (25.0)	8 (100.0)
Diarrhea	4 (50.0)	4 (50.0)	3 (37.5)	0 (0.0)	0 (0.0)	7 (87.5)
Nausea	3 (37.5)	3 (37.5)	3 (37.5)	0 (0.0)	0 (0.0)	6 (75.0)
Fatigue	2 (25.0)	2 (25.0)	0 (0.0)	1 (12.5)	0 (0.0)	3 (37.5)
Neutropenia	1 (12.5)	1 (12.5)	0 (0.0)	1 (12.5)	2 (25.0)	3 (37.5)
Stomatitis	1 (12.5)	1 (12.5)	1 (12.5)	0 (0.0)	0 (0.0)	2 (25.0)
Vomiting	2 (25.0)	2 (25.0)	2 (25.0)	0 (0.0)	0 (0.0)	4 (50.0)
Alopecia	2 (25.0)	2 (25.0)	0 (0.0)	0 (0.0)	0 (0.0)	2 (25.0)
Constipation	1 (12.5)	1 (12.5)	0 (0.0)	0 (0.0)	0 (0.0)	1 (12.5)
Decreased appetite	2 (25.0)	2 (25.0)	2 (25.0)	0 (0.0)	0 (0.0)	4 (50.0)
Insomnia	1 (12.5)	1 (12.5)	0 (0.0)	0 (0.0)	0 (0.0)	1 (12.5)
Hypokalaemia	1 (12.5)	1 (12.5)	0 (0.0)	1 (12.5)	0 (0.0)	2 (25.0)
Anaemia	1 (12.5)	1 (12.5)	0 (0.0)	0 (0.0)	0 (0.0)	1 (12.5)
Cough	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Dysgeusia	2 (25.0)	2 (25.0)	0 (0.0)	0 (0.0)	0 (0.0)	2 (25.0)
Dyspepsia	0 (0.0)	0 (0.0)	1 (12.5)	0 (0.0)	0 (0.0)	1 (12.5)
Hypertension	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Lymphopenia	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Pyrexia	1 (12.5)	1 (12.5)	0 (0.0)	0 (0.0)	0 (0.0)	1 (12.5)
Thrombocytopenia	0 (0.0)	0 (0.0)	1 (12.5)	0 (0.0)	0 (0.0)	1 (12.5)

* Data consists of all adverse events entered into the EDC as of January 3, 2024, from an ongoing trial and unlocked EDC database. N: number of patients; events shown occurred in ≥10% of patients; numbers indicate number of patients experiencing the event, (regardless of causality); each patient is only counted once and only for the highest grade of a given event. TEAEs: Treatment Emergent Adverse Events; Columns show the absolute # of patients and (%) of the population.

Onvansertib and bev independently inhibit tumor response to hypoxia in bev naïve tumors

Tumor growth

The tumor cells outgrow the blood supply and become starved of oxygen and nutrients...



Hypoxia

... low oxygen levels lead to elevated HIF1 α protein expression

HIF1 α

... turns on VEGF-A expression and secretion to recruit new vasculature as well as turning on a multitude of downstream survival genes

onvansertib

inhibits HIF1 α expression

bevacizumab

neutralizes VEGF-A

VEGF-A

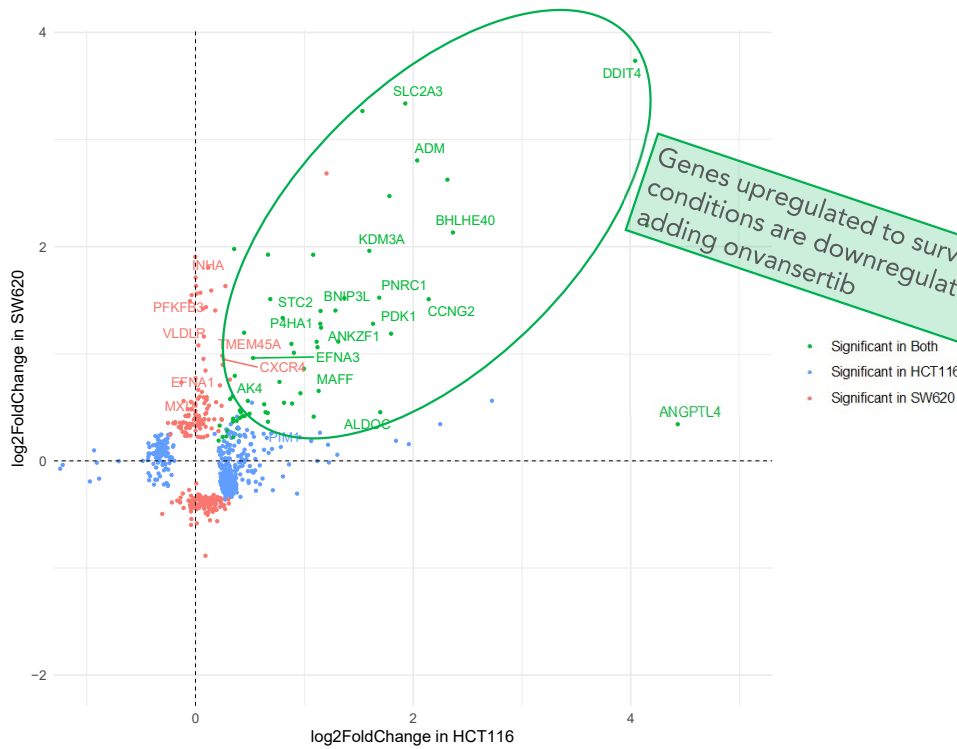
Angiogenesis:
Vascularization
of the tumor

Tumor cell
survival

Proliferation

Onvansertib down-regulates genes induced by tumors in hypoxic conditions

Genes induced by hypoxia in two mCRC cell lines



Hypoxia vs normoxia gene expression in HCT116 and SW620 cells

Adding onvansertib inhibits adaptation to hypoxia



With vs without onvansertib gene expression in hypoxic HCT116 and SW620 cells

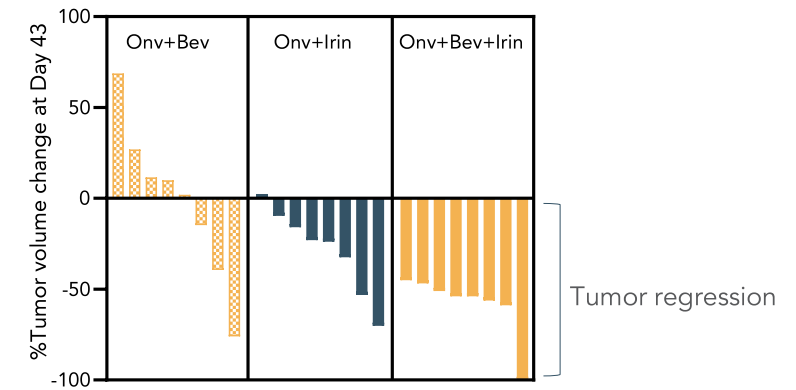
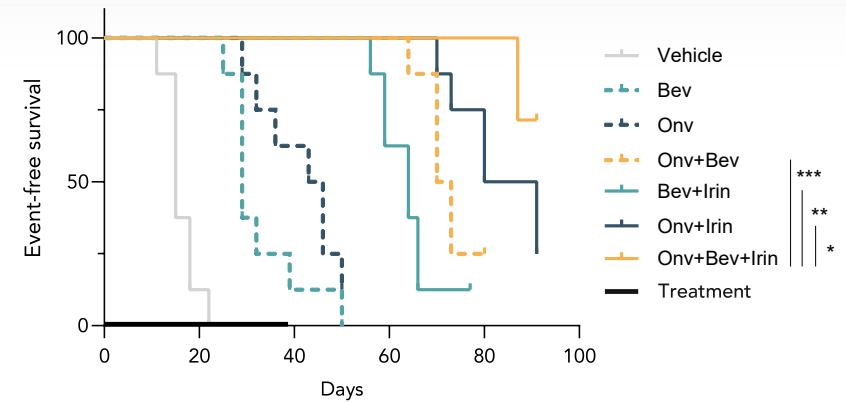
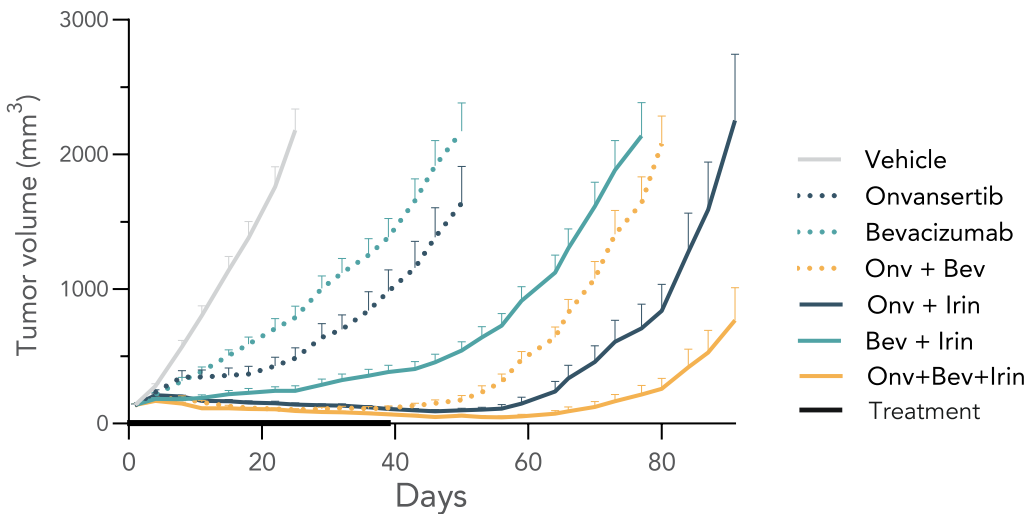
* Genes in the Hallmarks Hypoxia gene set are labeled. Top 250 genes with P-adjusted < 0.05 shown

The combination of onvansertib, bevacizumab and irinotecan showed greater potency than each individual or doublet therapy

The combination of onvansertib, bevacizumab and irinotecan was potent in the HCT116 xenograft model, resulting in:

- tumor regression in all treated mice (8/8), including 1 CR
- prolonged event-free survival

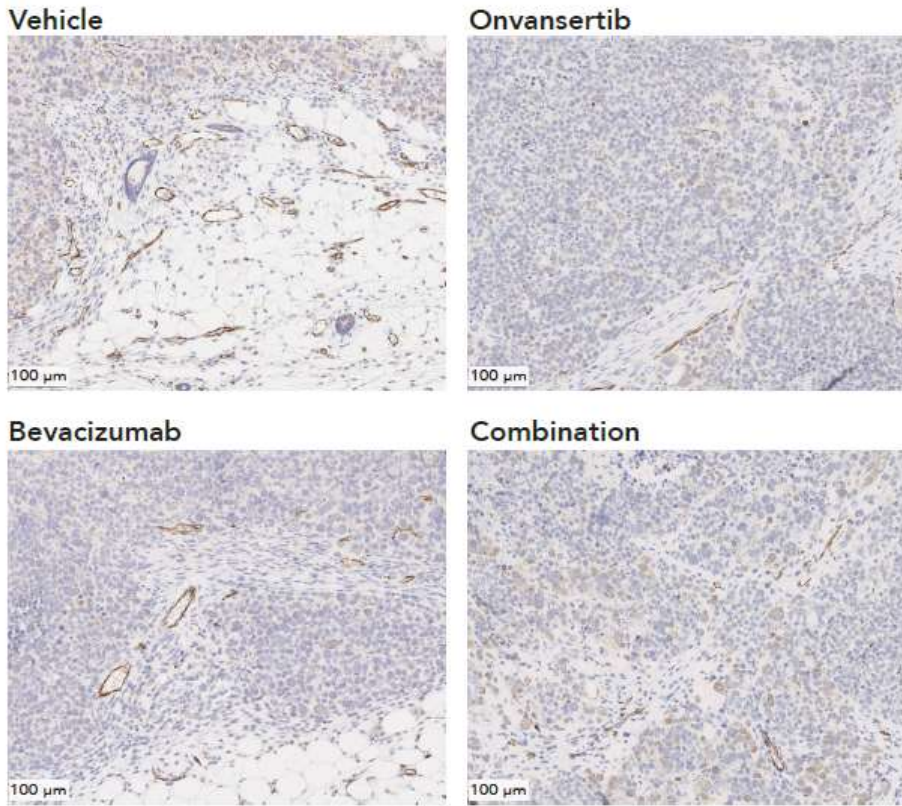
At the end of the study (Day 91), 6 of the 8 mice treated with the triplet combination had tumors 1000mm^3



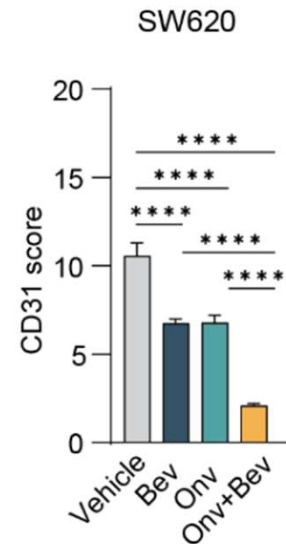
HCT116 xenografts were treated with the indicated drugs for 39 days and tumor volumes were measured (8mice/group, mean + SEM are represented on graph). Kaplan-Meier survival curve for event-free survival (time to reach tumor volume 1000mm^3) was calculated. Log-rank Mantel Cox test was used for survival analyses, * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$.

The combination of onvansertib and bev reduces tumor vascularization

CD31



- Vascularization was quantified using the endothelial marker CD31
- Onvansertib and bev monotherapies reduced tumor vascularization
- The combination treatment of onvansertib and bev resulted in further decrease in vascularization



SW620 xenograft model is shown. CD31 scoring: for each sample 5 fields of view at 100 μm magnification were randomly selected in the tumor area. CD31 positive vessels were manually counted in these fields. Mean score ± SEM for each treatment group (n=6/group) are plotted. One-way ANOVA was used to test differences between treatment arms. *p<0.05, **p<0.01, ***p<0.001, ****p<0.0001

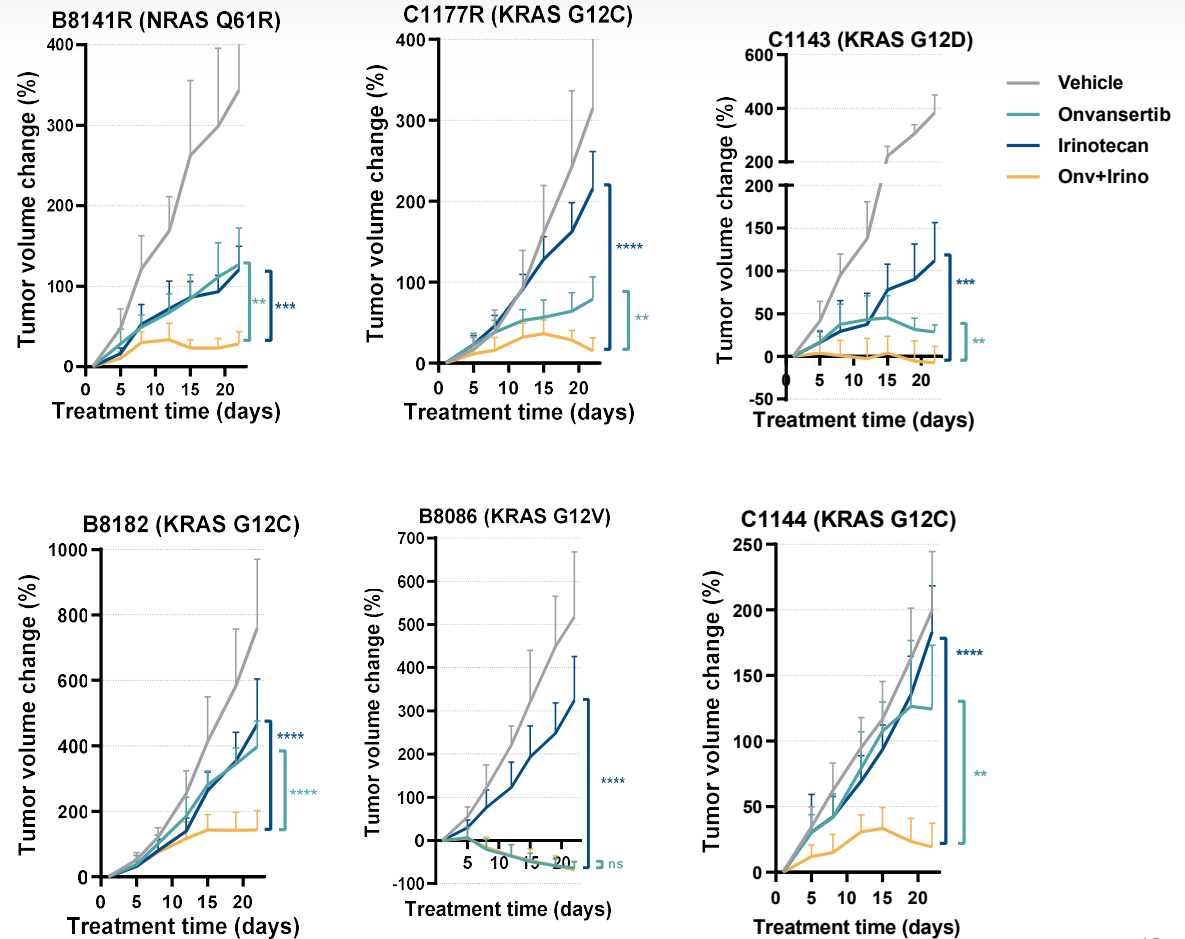
Onvansertib in combination with irinotecan in RAS-mutant CRC PDXs

The combination of onvansertib and irinotecan showed anti-tumor activity in 6 RAS-mutated PDX models with either acquired or intrinsic resistance to irinotecan.

The combination showed significant increased anti-tumor activity compared to onvansertib single agent in 5 of the 6 models.

These data support that onvansertib + irinotecan is an active combination in RAS-mutated PDX models and that Onvansertib can sensitize tumors to irinotecan.

In collaboration with Dr. Kopetz (MD Anderson)



Dosing schedule: onvansertib 60 mg/kg daily; irinotecan 40mg/kg weekly, for up to 21 days. Mean + SD are represented. Unpaired t-test, **p<0.01, ***p<0.001, ****p<0.0001

Onvansertib in combination with FOLFOX in RAS-mutant CRC PDXs

The chemotherapeutics oxaliplatin+5FU had no or modest activity in the 6 RAS-mutant PDX models tested.

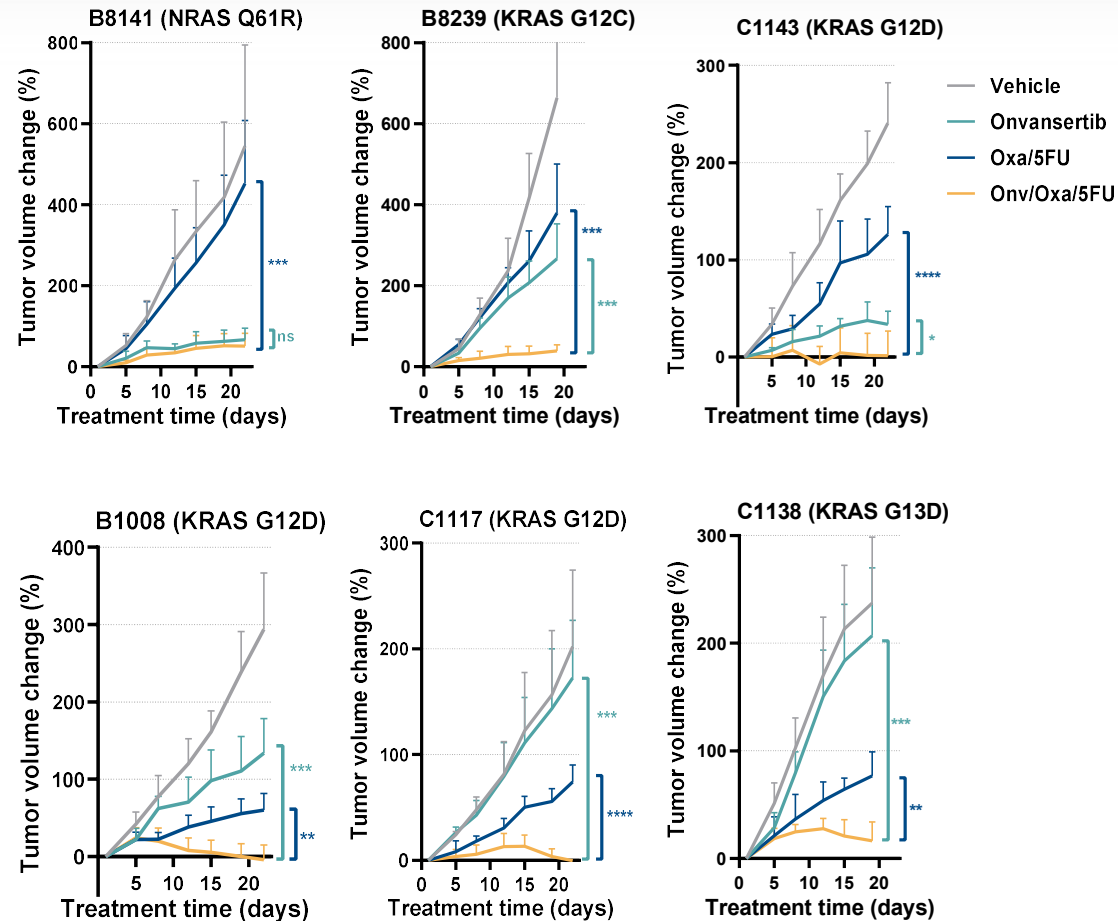
Conversely, the combination of onvansertib with oxaliplatin+5FU was efficacious in all 6 models, resulting in tumor stasis or tumor regression.

In 5 of the 6 models, the combination had significantly superior activity than the single agent treatments.

These data support the efficacy of onvansertib in combination with oxaliplatin+5FU in RAS-mutant CRC PDXs resistant or partially sensitive to oxaliplatin+5FU.

In collaboration with Dr. Kopetz (MD Anderson)

Dosing schedule: onvansertib 45 mg/kg daily; oxaliplatin 10mg/kg weekly; 5-FU 25mg/kg 5times/week for up to 21days. Mean + SD are represented. Unpaired t-test, *p<0.05, **p<0.01, ***p<0.001, ****p<0.0001





Appendix:
Metastatic Pancreatic Adenocarcinoma
(mPDAC)

Data from two mPDAC trials provides a path forward in 1st line setting

**mPDAC
CRDF-001 Ph 2 Second-Line Trial**

- Combination with Nal-irinotecan/leucovorin/5-FU

**mPDAC
Biomarker Discovery Trial (IIT)**

- Patients have 10 days of onvansertib monotherapy with pre- and post-therapy biopsies and bloodwork



Path forward: Move to 1st line mPDAC

- New IIT combining onvansertib with SoC (NALIRIFOX)

Data from two mPDAC trials provides a path forward in 1st line setting

mPDAC CRDF-001 Ph 2 Second-Line Trial

- Combination with Nal-irinotecan/leucovorin/5-FU

mPDAC Biomarker Discovery Trial (IIT)

- Patients have 10 days of onvansertib monotherapy with pre- and post-therapy biopsies and bloodwork



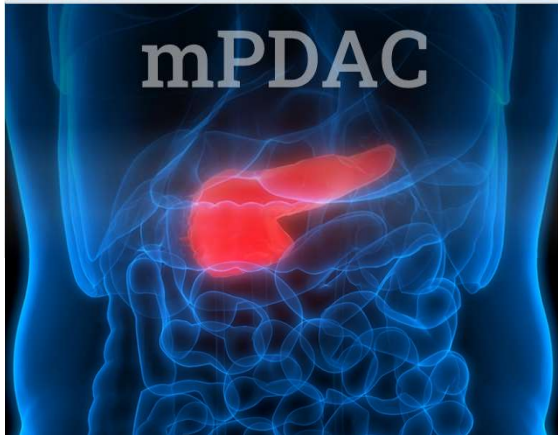
Path forward: Move to 1st line mPDAC

- New IIT combining onvansertib with SoC (NALIRIFOX)

CRDF-001 mPDAC 2nd line Ph2 trial combines onvansertib with SoC

ENROLLMENT CRITERIA

2nd line refractory patients
Measurable tumor by
RECIST 1.1



OBJECTIVE

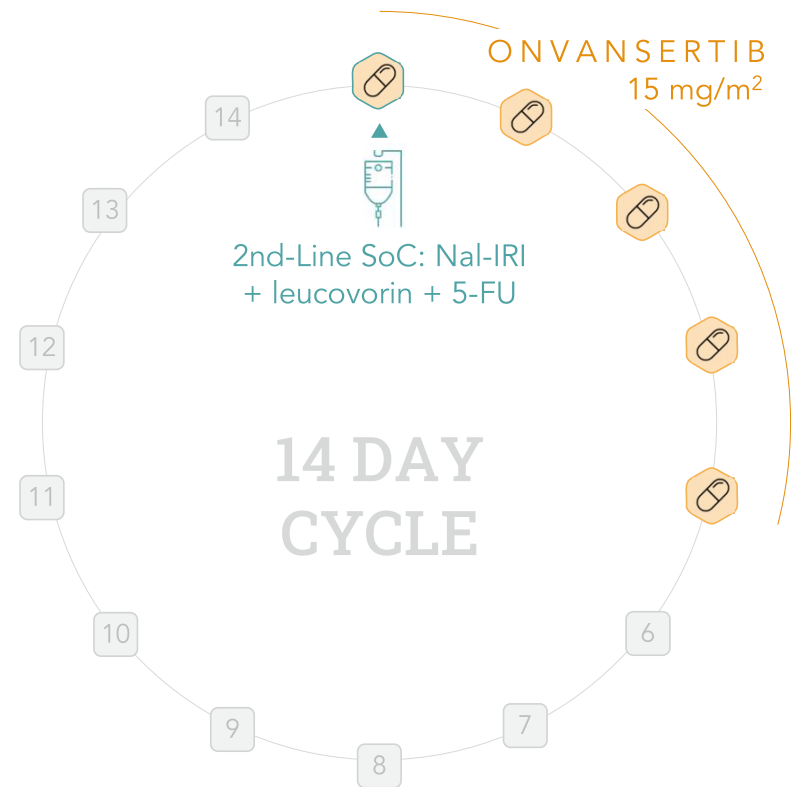
To determine the efficacy
and safety of onvansertib
when added to standard
of care

PRIMARY ENDPOINT

ORR (RECIST 1.1)

SECONDARY ENDPOINT

Disease Control Rate (DCR)

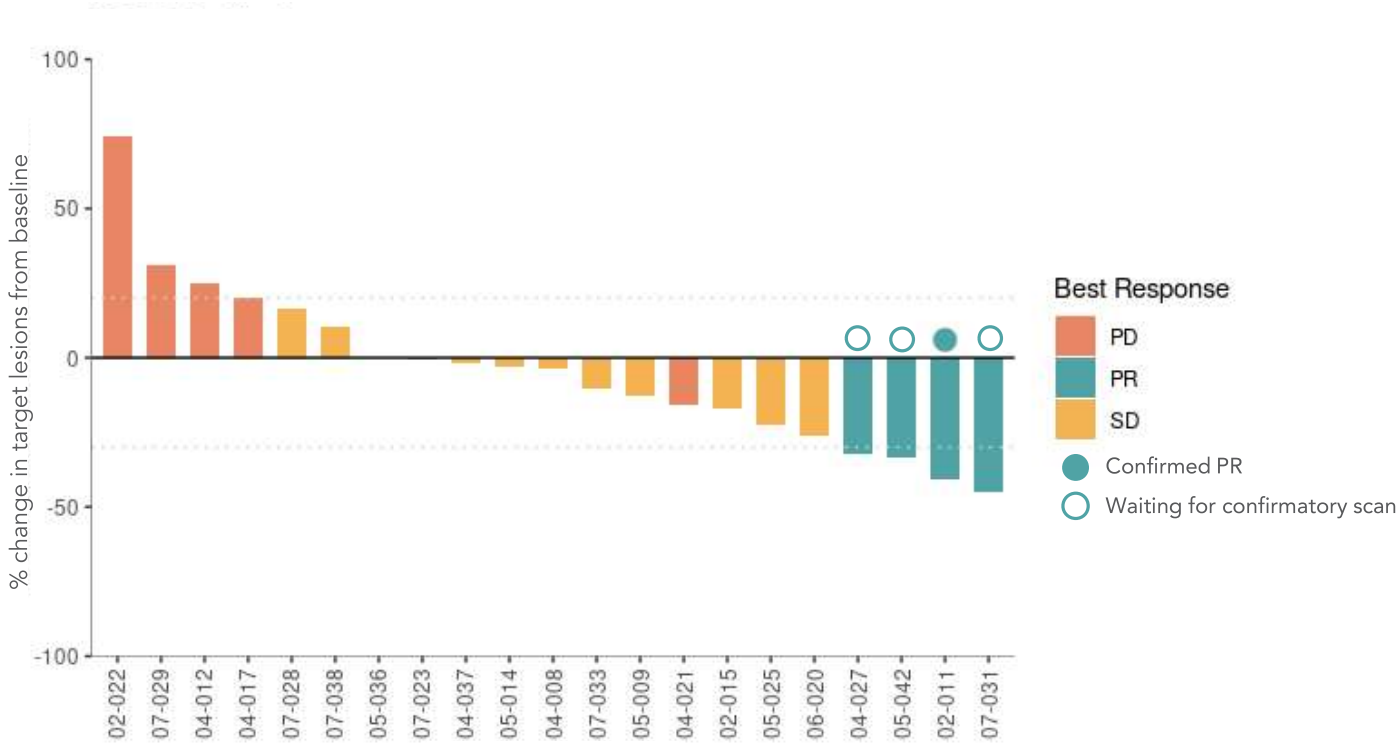


Onvansertib+SoC has higher efficacy than 2nd line historical controls

Best Radiographic Response – 21 evaluable patients (as of September 13, 2023)*

	CRDF-001	Historical controls ¹	
		2 nd line mPDAC	1 st line mPDAC
ORR	19% (4/21)	7.7%	23%

Subsequent disclosure on Feb 29, 2024: Three of the four initial partial responses confirmed on their subsequent scan, and one initial partial response did not confirm

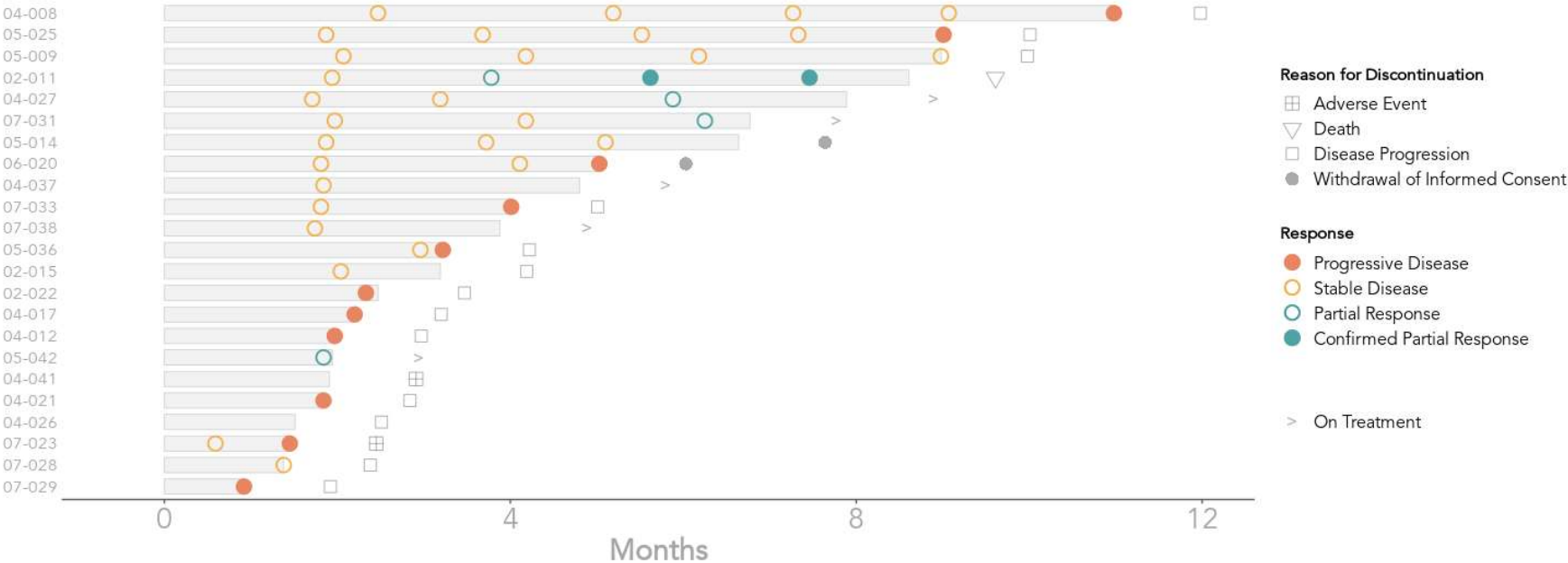


* Radiographic response determined per RECIST 1.1. Waterfall plot and table reflect interim data as of September 13, 2023 from an ongoing trial and unlocked EDC database. For ORR analysis, there are two patients excluded (04-026 and 04-041) that had two cycles of treatment but left the trial before their first post-baseline scan.

1. FDA insert for Onivyde (Nal-IRI): https://www.accessdata.fda.gov/drugsatfda_docs/label/2015/207793lbl.pdf; 387: 545–57. Von Hoff et al., N Engl J Med 2013; 369:1691-703.

Stable disease patients have converted to partial responses over time

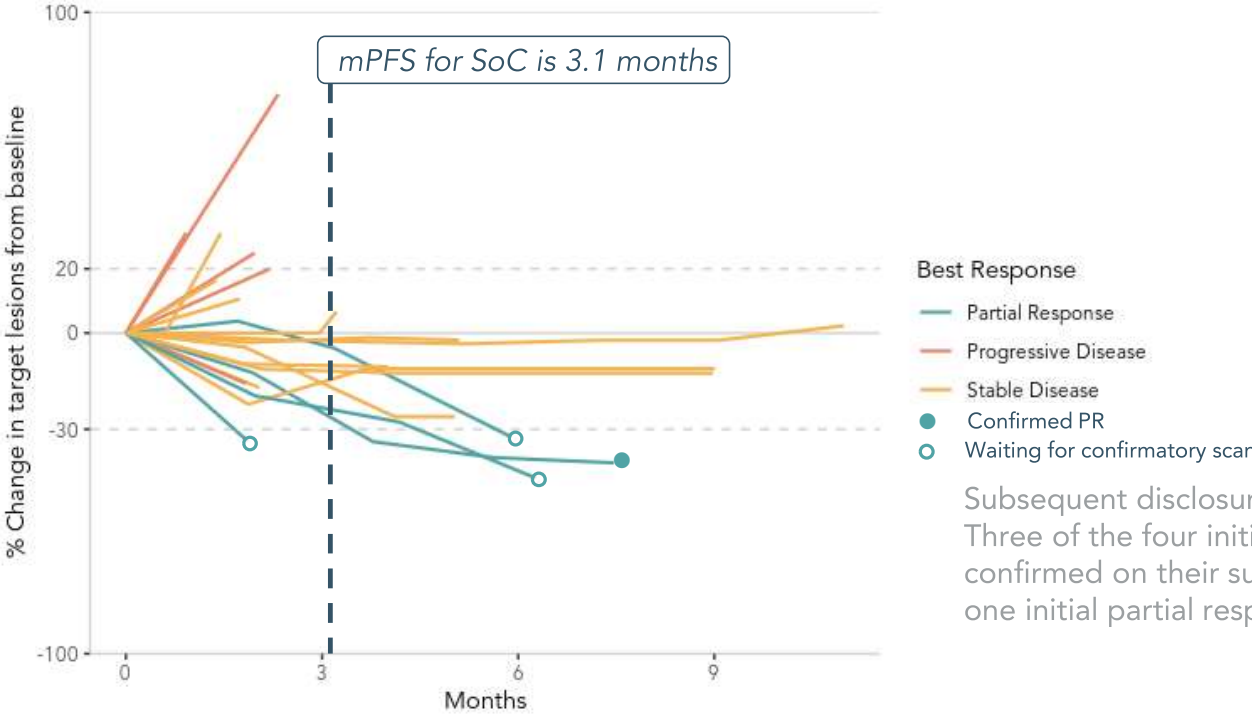
Swimmer plot – 23 evaluable patients (as of September 13, 2023)*



* Swimmer plot reflects interim data as of September 13, 2023 from an ongoing trial and unlocked EDC database. For the swimmer plot, there are two patients included (04-026 and 04-041) that had two cycles of treatment but left the trial before their first post-baseline scan.

Patient responses to onvansertib+SoC can deepen over time

Spider plot – 21 evaluable patients (as of September 13, 2023)*



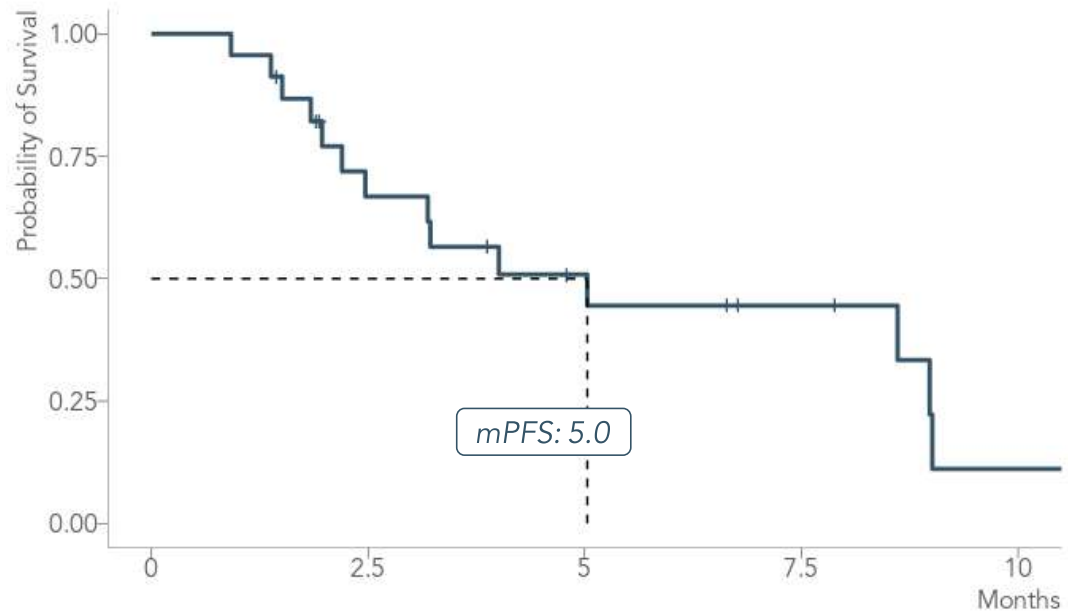
Subsequent disclosure on Feb 29, 2024:
 Three of the four initial partial responses confirmed on their subsequent scan, and one initial partial response did not confirm

* Spider plot reflect interim data as of September 13, 2023 from an ongoing trial and unlocked EDC database. For ORR analysis, there are two patients excluded (04-026 and 04-041) that had two cycles of treatment but left the trial before their first post-baseline scan.

Onvansertib+SoC has longer median PFS than 2nd line historical controls

Progression-free survival – 23 evaluable patients (as of September 13, 2023)*

	CRDF-001	Historical controls ¹	
		2 nd line mPDAC	1 st line mPDAC
mPFS	5.0 mos	3.1 mos	5.5 mos
16 week progression-free ²	56%	Not available	48%



* Onvansertib mPFS are interim data as of September 13, 2023 from an ongoing trial and unlocked EDC database. For PFS analysis, there are two patients included (04-026 and 04-041) that had two cycles of treatment but left the trial before their first post-baseline scan.

1. FDA insert for Onivyde (Nal-IRI): https://www.accessdata.fda.gov/drugsatfda_docs/label/2015/207793lbl.pdf; 387: 545–57. Von Hoff et al., N Engl J Med 2013; 369:1691-703.

2. Probability of being progression-free at 16 weeks using KM survival analysis. Data not available for 2nd line

Data from two mPDAC trials provides a path forward in 1st line setting

mPDAC CRDF-001 Ph 2 Second-Line Trial

- Combination with Nal-irinotecan/leucovorin/5-FU

mPDAC Biomarker Discovery Trial (IIT)

- Patients have 10 days of onvansertib monotherapy with pre- and post-therapy biopsies and bloodwork



Path forward: Move to 1st line mPDAC

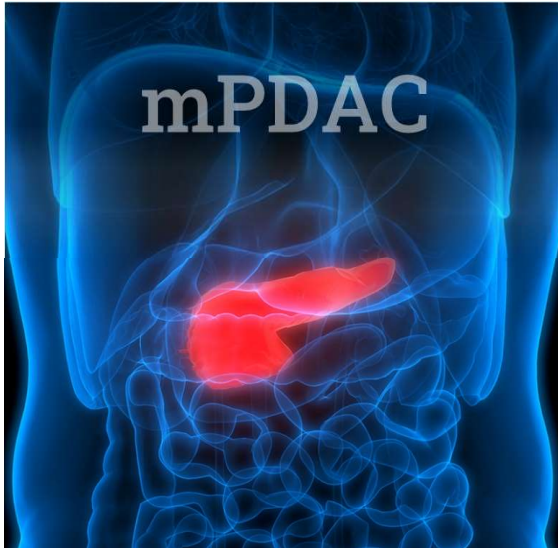
- New IIT combining onvansertib with SoC (NALIRIFOX)

mPDAC Biomarker Discovery trial evaluates onvansertib monotherapy

Investigator-initiated trial at OHSU Knight Cancer Institute

ENROLLMENT CRITERIA

Patients with metastatic pancreatic cancer (any line)



OBJECTIVES

Responsive biomarkers

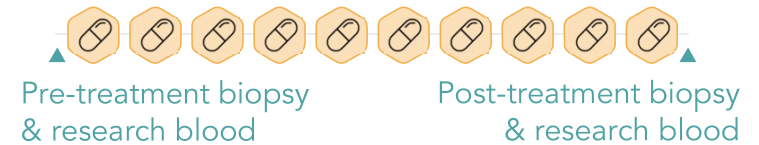
- To demonstrate pancreatic tumor response to onvansertib monotherapy by measuring Ki67 and CA 19-9

Predictive biomarkers

- Use multi-omic analyses to identify predictive biomarkers of pancreatic tumor response to onvansertib

ONVANSERTIB MONOTHERAPY

(12mg/m² QD, 10 days)



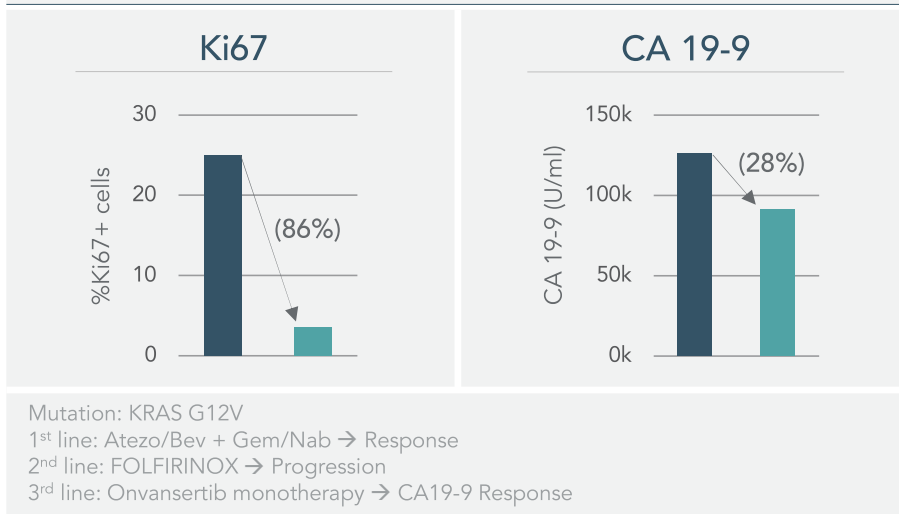
Obtain biopsies / bloodwork before and after 10 days of onvansertib monotherapy to conduct extensive multi-omic analyses

Onvansertib monotherapy decreased tumor proliferation and CA19-9

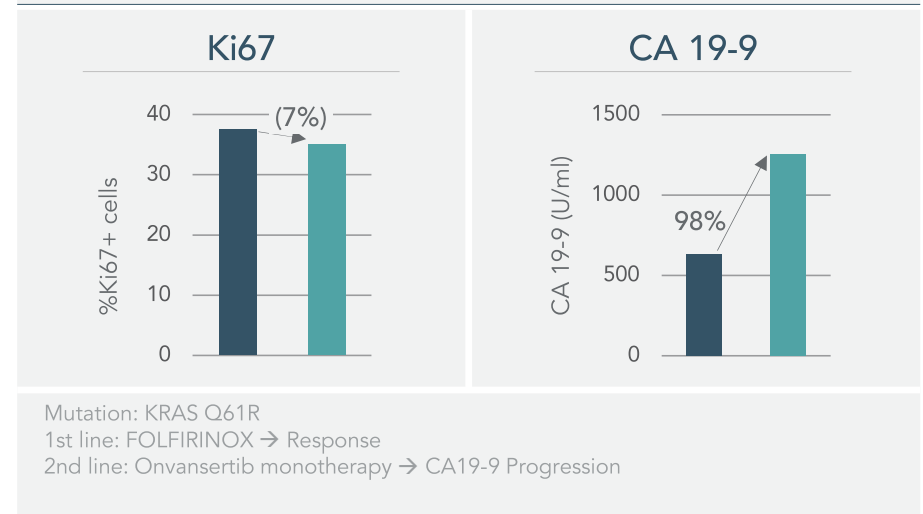
Biomarker Discovery Trial: Biomarker Response* – 2 patients (as of September 13, 2023)

- Ki67 is a well-established marker of tumor proliferation
- CA 19-9 is a clinically-used biomarker to monitor treatment response

Patient 28 (tumor responder)



Patient 33 (tumor non-responder)



■ Pre-treatment ■ Post-treatment

* Patient 28 and patient 33 had liver metastases and biopsies were taken pre- and post-onvansertib monotherapy treatment for ten days.

Data from two mPDAC trials provides a path forward in 1st line setting

mPDAC CRDF-001 Ph 2 Second-Line Trial

- Combination with Nal-irinotecan/leucovorin/5-FU

mPDAC Biomarker Discovery Trial (IIT)

- Patients have 10 days of onvansertib monotherapy with pre- and post-therapy biopsies and bloodwork



Path forward: Move to 1st line mPDAC

- New IIT combining onvansertib with SoC (NALIRIFOX)



Appendix:
Investigator-Initiated Trial
Small Cell Lung Cancer (SCLC)

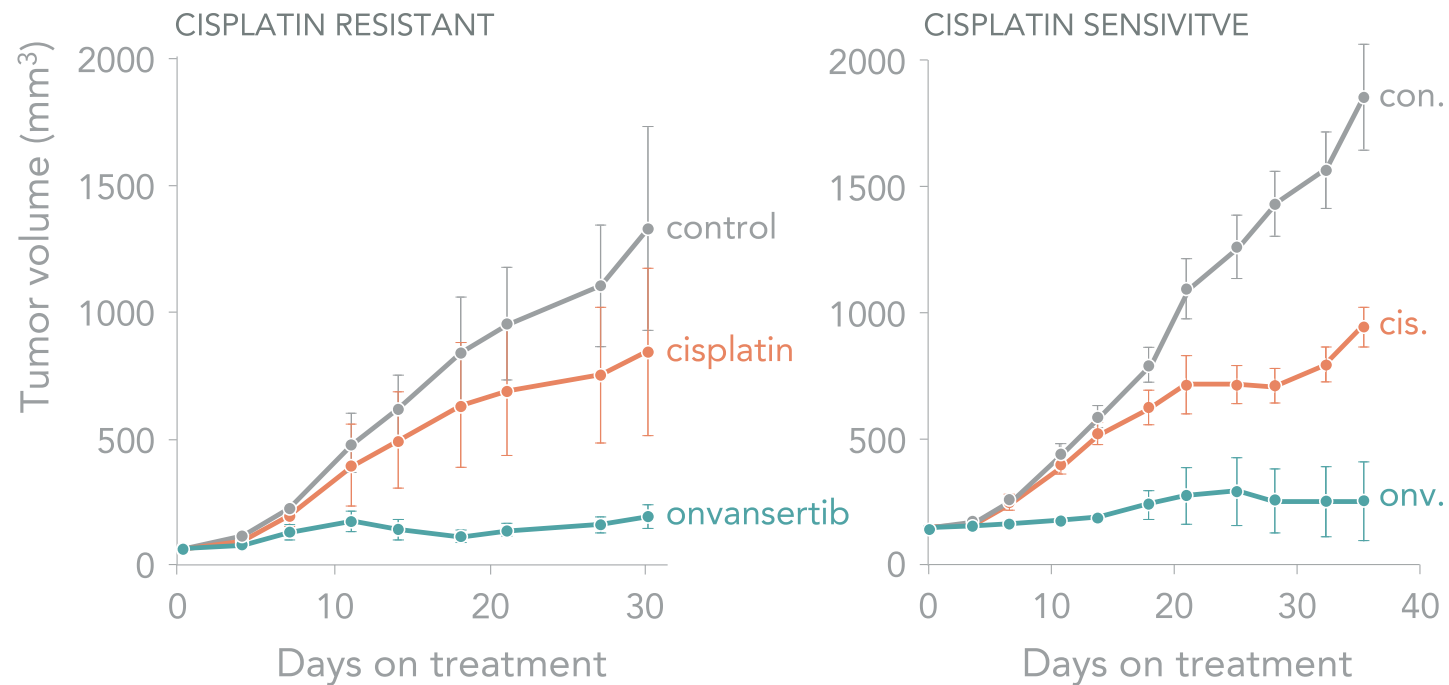
Onvansertib demonstrates single-agent activity in SCLC

TRIAL RATIONALE

Onvansertib monotherapy showed significant tumor growth inhibition against platinum-sensitive and -resistant models

SCLC

In vivo efficacy of onvansertib monotherapy (SCLC xenografts)*



* Mice were implanted with SCLC PDX and treated with vehicle, cisplatin 3mg/kg IP weekly, or onvansertib oral 60mg/kg 10 ON / 4 OFF

Trial design for onvansertib monotherapy in extensive stage SCLC

ENROLLMENT CRITERIA

Relapsed who have received ≤ 2 prior therapies

Single-arm trial
Stage 1: N=15
Stage 2: N=20



SCLC

OBJECTIVE

To determine the efficacy and safety of onvansertib monotherapy

PRIMARY ENDPOINT

ORR (RECIST 1.1)

SECONDARY ENDPOINTS

Progression-Free Survival (PFS)
Overall Survival (OS)



Preliminary safety and efficacy for onvansertib monotherapy in SCLC

ENROLLMENT CRITERIA

Relapsed who have received ≤ 2 prior therapies

Single-arm trial
Stage 1: N=15
Stage 2: N=20



SCLC

PRELIMINARY SAFETY (N=6)

IRB reviewed safety data for the first 6 patients. Post IRB review, the trial continues to enroll with no conditions.

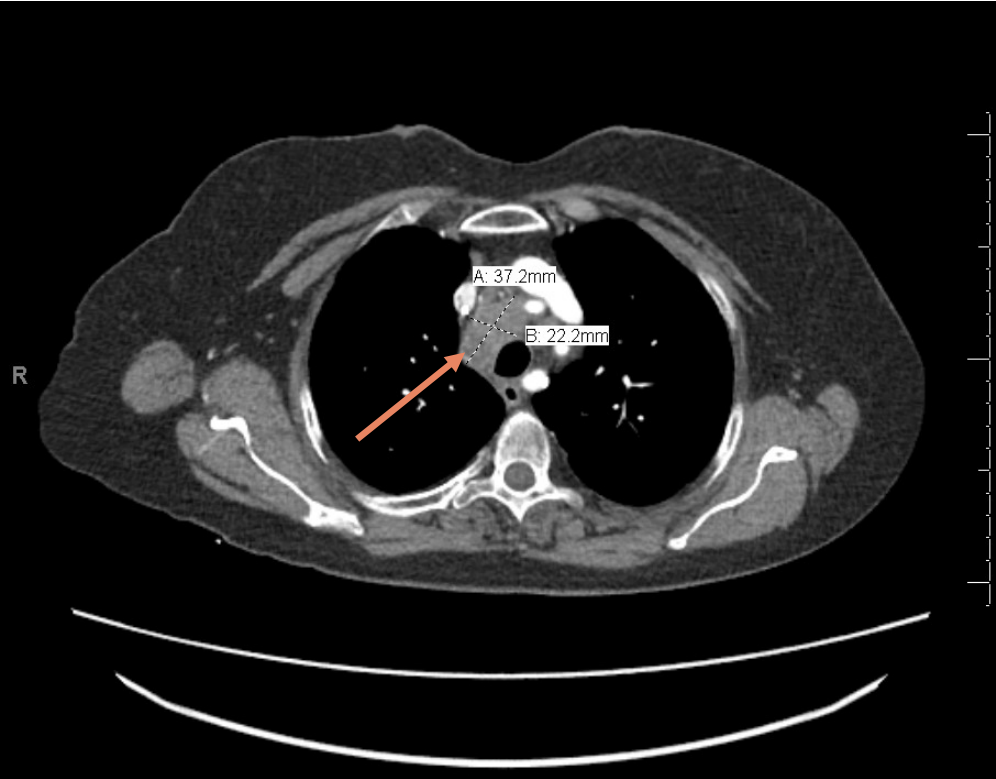
PRELIMINARY EFFICACY (N=7)

Best response	PR	SD	PD
# of patients	1 (confirmed)	3	3

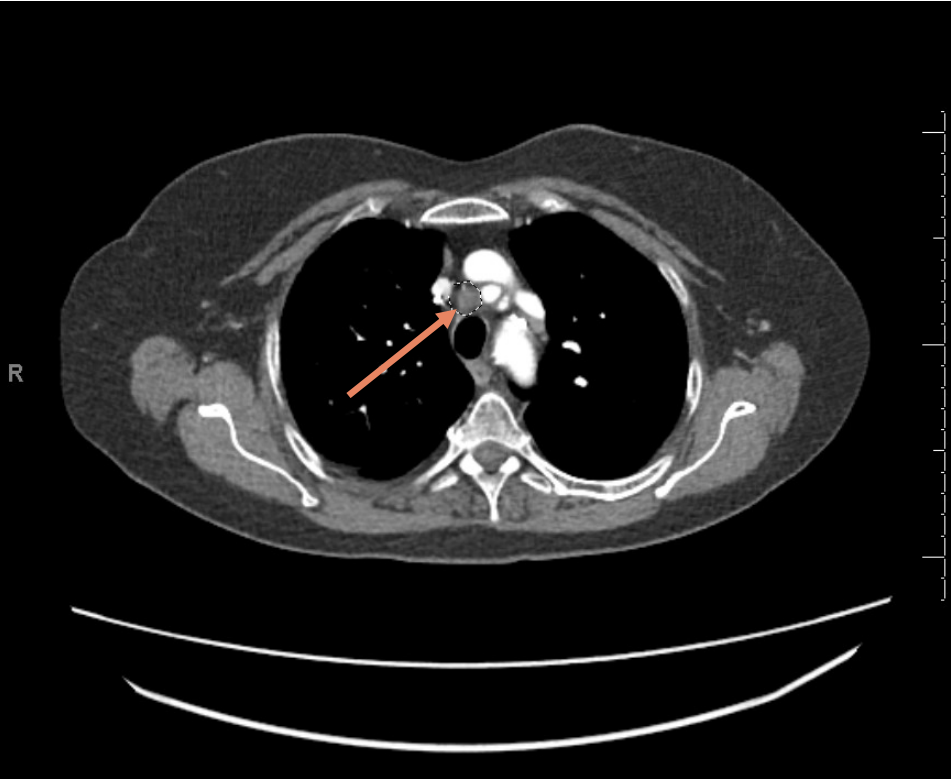
Disease control rate = 57% (4/7)

Radiographic scans for patient with a confirmed PR in SCLC IIT

Baseline Scan



Restaging after Cycle 2





Appendix:
Investigator-Initiated Trial
Triple Negative Breast Cancer (TNBC)

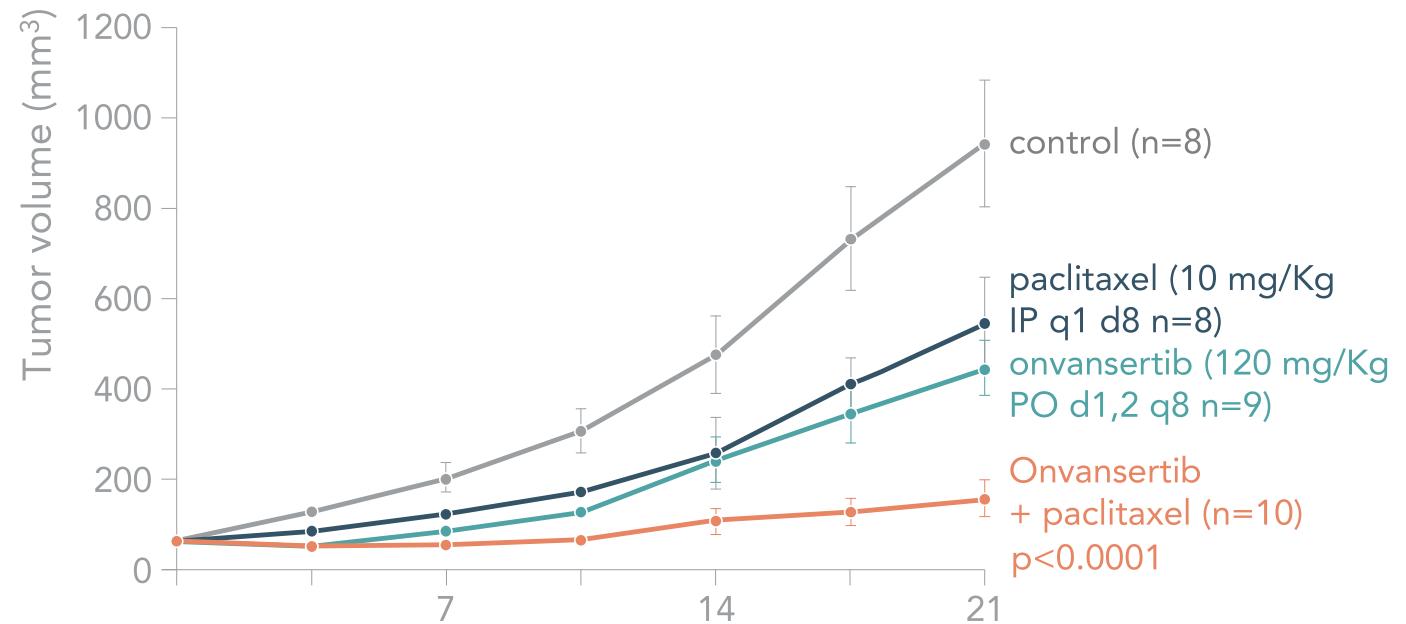
Preclinical: Onvansertib + paclitaxel is superior to single agent therapy

TRIAL RATIONALE

The combination of onvansertib + paclitaxel showed significant synergy

TNBC

In vivo efficacy of onvansertib in combination with paclitaxel
Tp53-Mutant SUM159 xenografts*



* SUM159 cells were implanted in the mammary fat pad of NOD-scid-IL2 receptor gamma null female mice, and treatments began as follows when tumor volume reached 40 mm³: vehicle, onvansertib oral (PO) twice per week (days 1-2), paclitaxel intraperitoneally (IP) weekly (day 1), or the combination.

This is the first trial to explore onvansertib + paclitaxel combination

ENROLLMENT CRITERIA

Metastatic TNBC relapsed or progressed

Single arm trial
Ph 1b: N=14-16
Ph 2: N=34



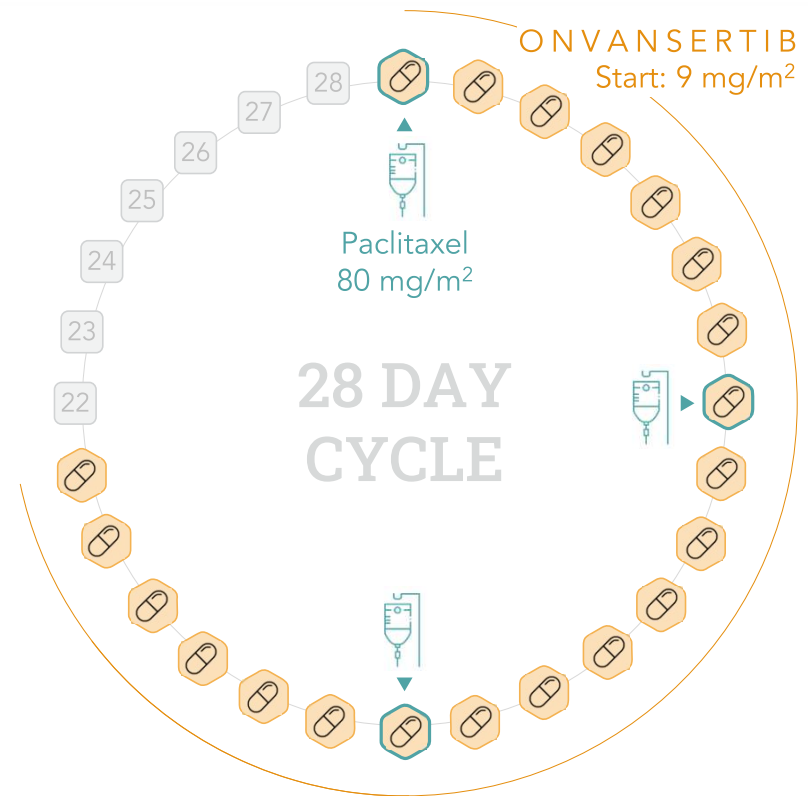
PRIMARY ENDPOINTS

Phase 1b
Safety, characterization of DLTs
Determination of RP2D

Phase 2
ORR (RECIST 1.1)

ONVANSERTIB DOSING

Starting: 9 mg/m²
Escalation: 12 mg/m², 18 mg/m²
De-escalation: 6 mg/m²



This is the first trial to explore onvansertib + paclitaxel combination

ENROLLMENT CRITERIA

Metastatic TNBC relapsed or progressed

Single arm trial
Ph 1b: N=14-16
Ph 2: N=34

TNBC

PRIMARY ENDPOINTS

Phase 1b
Safety, characterization of DLTs
Determination of RP2D

Phase 2
ORR (RECIST 1.1)

SECONDARY ENDPOINT

Phase 2
Progression-Free Survival (PFS)

